

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Greg Ross
 Name
 (2) 3777 Bimini Ave
 Address (number and street)
Cooper City, FL 33026
 City, State, Zip Code

OFFICE USE ONLY

05-10-16 P04:10 IN

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor of Cooper City

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From Apr / 1 / 2016 To Apr / 30 / 2016 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0.00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 0.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 10.00

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , -0-

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 50.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 10.00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Lance P. Mirrer, CPA

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Lance P. Mirrer

Signature

(Type name) Greg Ross

Candidate Chairperson (only for PC and PTY)

Greg Ross

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Greg Ross

(2) I.D. Number NA

(3) Cover Period Apr / 1 / 2016 through Apr / 30 / 2016

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
3 / 31 / 2016	Stonegate Bank PO Box 4678 Ft Lauderdale, FL 33338	Mar Bank Fee (Error to be refunded) (Identified after Mar Report)	MON		\$10.00
1					
4 / 12 / 2016	Stonegate Bank PO Box 4678 Ft Lauderdale, FL 33338	Refund Mar Bank Fee	REF		-\$10.00
2					
4 / 30 / 2016	Stonegate Bank PO Box 4678 Ft Lauderdale, FL 33338	Apr Bank Fee (Error to be refunded)	MON		\$10.00
3					
/ /					
/ /					
/ /					
/ /					
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