

## 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

Check here if address has changed

**OFFICE USE ONLY**

06-09-16 A08:17 IN

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: Mayor of Cooper City

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From May / 1 / 2016 To May / 31 / 2016 Report Type: M5

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 \$ \_\_\_\_\_ , \_\_\_\_\_ , -0 .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:

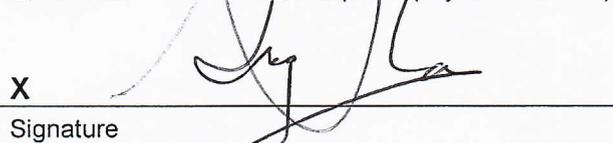
(Type name) Lance P. Mirrer, CPA

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

  
Signature

(Type name) Greg Ross

Candidate  Chairperson (only for PC and PTY)

  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Greg Ross

(2) I.D. Number NA

(3) Cover Period May / 1 / 2016 through May / 31 / 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					
5 / 31 / 2016	Stonegate Bank PO Box 4678 Ft Lauderdale, FL 33338	May Bank Fee (Error to be refunded)	MON		\$10.00
1					
5 / 9 / 2016	Stonegate Bank PO Box 4678 Ft Lauderdale, FL 33338	Refund Apr Bank Fee	REF		-\$10.00
2					
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