

## CAMPAIGN TREASURER'S REPORT SUMMARY

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



Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate    Office Sought: Mayor, City 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 05 / 01 / 20 To 05 / 31 / 20 Report Type: M5

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Loans    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

In-Kind    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Transfers to Office Account    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 8 , 000 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 6 , 029 . 95

### (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) David A. Nall

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

X  
 Signature

(Type name) Greg Ross

Candidate     Chairperson (only for PC and PTY)

X  
 Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Greg Ross (2) I.D. Number \_\_\_\_\_ M5

(3) Cover Period 05/01/20 Through 05/31/20 (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
		No Reportable Transactions			
001					
002					
003					
004					
005					
006					
007					
008					
009					
010					
011					
012					
013					
014					
015					
					<b>\$0.00</b>

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Greg Ross

(2) I.D. Number \_\_\_\_\_

M5

(3) Cover Period 05/01/20 Through 05/31/20

(4) Page 1 of 1

(5) Date	(7)	(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	Contributor Occupation	Contribution Type	In-Kind Description	Amendment	Amount
001			No Reportable Transactions				
002							
003							
004							
005							
006							
007							
008							
009							
010							
011							
012							
013							
014							
015							
							<b>\$0.00</b>