

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) 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 01 / 01 / 20 To 01 / 31 / 20 Report Type: M1
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	1,000.00
Loans	\$	0.00
Total Monetary	\$	1,000.00
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
 \$ _____, 4,000.00

(10) TOTAL Monetary Expenditures To Date
 \$ _____, _____, 0.00

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

(Type name) Greg Ross
 Candidate Chairperson (only for PC and PTY)

[Signature]
 Signature

[Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Greg Ross

(2) I.D. Number _____

M1

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-Kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
1/29/20	Samantha Shrouder	I	Physician	CHE			\$1,000.00
001	Exempt Per F.S. 119						
002							
003							
004							
005							
006							
007							
008							
009							
010							
011							
012							
013							
014							
015							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Greg Ross (2) I.D. Number _____ M1

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