

CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED
CITY CLERK'S OFFICE
2015 SEP - 8 AM 9:56
CITY OF KEY WEST
KEY WEST, FLORIDA

(1) Thomas C. Milone
Name

(2) 832 Caroline St., Apt. 1
Address (number and street)

Key West, FL 33040-6676
City, State, Zip Code

OFFICE USE ONLY

(3) ID Number: _____

Check here if address has changed

(4) Check appropriate box(es):

- Candidate Office Sought: Utility Board of the City of Key West, Groups
- 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 09/01/2015 To 09/04/2015 Report Type: G-1

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 50.00

Loans \$ _____, _____, 500.00

Total Monetary \$ _____, _____, 550.00

In-Kind \$ _____, _____, 12.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 735.00

Transfers to Office Account \$ _____, 00, _____

Total Monetary \$ _____, _____, 735.00

(8) Other Distributions
\$ _____, 00, _____

(9) TOTAL Monetary Contributions To Date
\$ _____, 2,600.00

(10) TOTAL Monetary Expenditures To Date
\$ _____, 1,715.02

(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) Thomas C. Milone

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

(Type name) Thomas C. Milone

Candidate Chairperson (only for PC and PTY)

X Thomas C. Milone
Signature

X Thomas C. Milone
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Thomas C. Milone (2) I.D. Number _____

(3) Cover Period 09/01/2015 through 09/04/2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
09/03/2015 -1-	Newhagen, Jane L. 228 Truman Ave. Key West, FL 33040	I		CHE			\$ 50.00
09/04/2015 -2-	Milone, Thomas C. 832 Caroline St. Apt. 1 Key West, FL 33040-6656	S	Retired/ Candidate	LOA			\$ 500.00
09/04/2015 -3-	Milone, Thomas C. 832 Caroline St. Apt. 1 Key West, FL 33040-6656	S	Retired/ Candidate	INK	Stamps		\$ 12.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Thomas C. Milone (2) I.D. Number _____

(3) Cover Period 09/01/2015 through 09/04/2015 (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
09/03/2015 -1-	USPS 400 Whitehead St. Key West, FL 33040	Stamps	MON		\$ 735.00
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