CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Joshua David Rydell	OFFICE USE ONLY				
Name	JAN 2 4 2017				
(2) Address (number and street)					
Address (number and street)	OFFICER OFFICER				
City, State, Zip Code					
Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):					
individual making electioneering communications)					
(5) Report Identifiers					
Cover Period: From 1 / 1 / 2017 To	1 / 10 / 2017 Report Type: 2017 M1				
✓ Original	cial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,, <u>426</u> .	Monetary Expenditures \$, 426.				
Loans \$,,	Transfers to Office Account \$,				
Total Monetary \$,,	Total Monetary \$,				
In-Kind \$,	(O) O(b - D) 4 il 4 il 4 i				
	(8) Other Distributions \$, ,				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
(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, corr	rect, and complete:				
(Type name) Joshun Prydol1	(Type name) Jochus Ryyll (
☐ Individual (only for IE ☐ Treasurer ☑ Deputy Treasurer or electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)				
\mathbf{x}	X				
Signature	Signature				

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS							
(1) Name	a David Rydell			(2)	I.D. Number		124-2017
(3) Cover Period/// through// (4) Page of							
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		Contribution Type	In-kind Description	Amendment	Amount
1,3,17	Joshua Rydell 7427 Musi ^a tury Coconutorech FC 82073		Atty	chech			42660
MΙ	Coconutoute	3					
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

	CAMPAIGN TREASURER'S REPORT - ITEM	MIZED EXPENDITURES	JAN 24 2017
1) Name Joshua	a David Rydell	(2) I.D. Number	-
3) Cover Period	d 1/1/(7through 1/10/17	(4) Page	of OFFICE

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
1/5/17 M	City of Coconut veel 4800 W. Capara Rd Coconut week FL 3306	CAN B	CHECLE		W 26 60
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