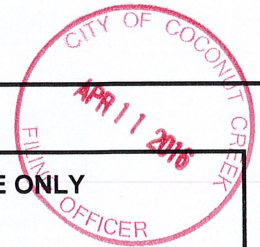


CAMPAIGN TREASURER'S REPORT SUMMARY



(1) Sandra L. Welch
Name

(2) 4372 NW 44th Terrace
Address (number and street)

Coconut Creek, FL 33073
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: City Commissioner, District C

☐ 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 3 / 1 / 16 To 3 / 31 / 16 Report Type: PM 2016-3

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , 1 , 500 . 00

Total Monetary \$ _____ , 1 , 500 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 27 . 95

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 27 . 95

(8) Other Distributions

\$ _____ , _____ , _____ . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 27 . 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) Andrew W. Welch

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

X Sandra L. Welch

Signature

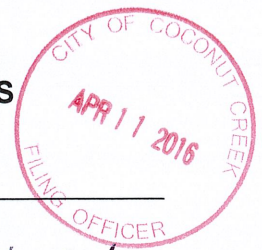
(Type name) Sandra L. Welch

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Sandra L. Welch

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS



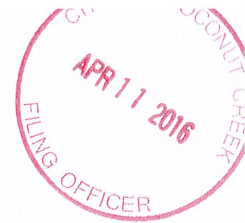
(1) Name Sandra L. Welch

(2) I.D. Number _____

(3) Cover Period 3 / 1 / 16 through 3 / 31 / 16

(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		
<u>3 / 15 / 16</u>	<u>Welch, Sandra L.</u>	<u>S</u>	<u>City</u>	<u>LOA</u>			<u>1,500.00</u>
<u>1</u>	<u>4372 NW 44th Terr.</u> <u>Coconut Creek, FL</u> <u>33073</u>						
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Sandra L. Welch

(2) I.D. Number _____

(3) Cover Period 3 / 1 / 16 through 3 / 31 / 16

(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					
3/23/16	SunTrust Deluxe Financial Services 105 Rt. 46W Mountain Lakes, NJ 07046	Imprinted checks for Campaign Account	MDN		27.95
1					
/ /					
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/ /					
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