

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Louis Sarbone

Name

(2) 5327 NW 51 Court

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: Coconut Creek City Commission District D

☐ 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 11 / 01 / 2018 To 11 / 30 / 2018 Report Type: 2018 M11

☐ Original

☒ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$        ,   2   , 000   . 00

Loans \$        ,        ,        .       

Total Monetary \$        ,   2   , 000   . 00

In-Kind \$        ,        ,        .       

## (7) Expenditures This Report

Monetary Expenditures \$        ,        ,        .   3   . 00

Transfers to Office Account \$        ,        ,        .       

Total Monetary \$        ,        ,        .   3   . 00

## (8) Other Distributions

\$        ,        ,        .       

## (9) TOTAL Monetary Contributions To Date

\$        ,   7   , 000   . 00

## (10) TOTAL Monetary Expenditures To Date

\$        ,        ,        .   3   . 00

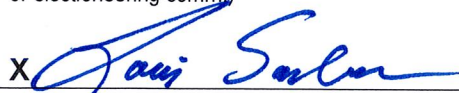
## (11) Certification

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) Louis Sarbone

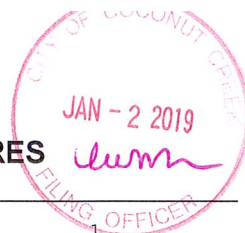
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X   
Signature

(Type name) Louis Sarbone

☒ Candidate ☐ Chairperson (only for PC and PTY)

X   
Signature



# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Louis Sarbone

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

(3) Cover Period 11 / 01 / 2018 through 11 / 30 / 2018

(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
11 / 30 / 18	SunTrust Bank	Paper State Fee	Mon		\$3.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					