

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Brandon Wright
 Name
 (2) 2044 SW 81st Ave
 Address (number and street)
N. Lauderdale FL, 33068
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
 FEB 04 2019
 CITY NORTH LAUDERDALE
D. Vascheri, City Clerk

Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: City Commissioner (8)

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 11 / 02 / 19 To 02 / 04 / 19 Report Type: 2018-TRG

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 332 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

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

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 332 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 332 . 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) Rheisa Burke

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

X Rheisa Burke
 Signature

(Type name) Brandon Wright

Candidate Chairperson (only for PC and PTY)

X BWright
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Brandon Wright (2) I.D. Number _____

(3) Cover Period 11 / 02 / 18 through 02 / 04 / 19 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /	N/A						\$0
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BW

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Brandon Wright

(2) I.D. Number _____

(3) Cover Period 11 / 02 / 18 through 02 / 04 / 19

(4) Page 3 of 3

(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					
02/04/19	Young Visionaries Center for outreach.		DIS		\$332.00
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