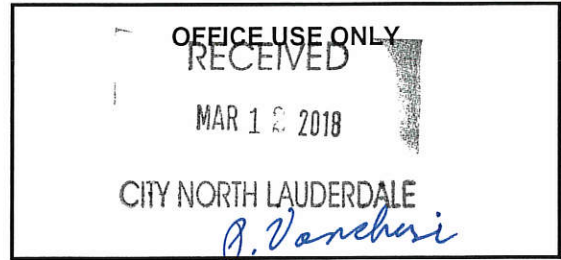


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Brandon L. Wright
Name

(2) 2049 SW 81st Ave
Address (number and street)
North Lauderdale FL, 33068
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|---|--|
| <input type="checkbox"/> Candidate Office Sought: _____
<input type="checkbox"/> Political Committee (PC)
<input type="checkbox"/> Electioneering Communications Org. (ECO)
<input type="checkbox"/> Party Executive Committee (PTY)
<input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | <input type="checkbox"/> Check here if PC or ECO has disbanded
<input type="checkbox"/> Check here if PTY has disbanded
<input type="checkbox"/> Check here if no other IE or EC reports will be filed |
|---|--|

(5) Report Identifiers

Cover Period: From 02 / 01 / 18 To 02 / 28 / 18 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____
 Loans \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ . _____
 In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ . _____

(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, correct, and complete:

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

X *[Signature]*
Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X *[Signature]*
Signature