

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gerald John Graziose  
 Name  
 (2) 1560 SW 63rd Ave  
 Address (number and street)  
North Lauderdale, FL 33068  
 City, State, Zip Code

OFFICE USE ONLY  
**RECEIVED**  
 SEP 11 2017  
 CITY OF ~~LAUDERDALE~~ North Lauderdale  
*B. Vanden*  
 City Clerk

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- 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 8 / 1 / 2017 To 8 / 31 / 2017 Report Type: 2017 M8

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0.00

Loans \$        ,        ,       

Total Monetary \$        ,        , 0.00

In-Kind \$        ,        ,       

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 2.00

Transfers to Office Account \$        ,        ,       

Total Monetary \$        ,        , 2.00

### (8) Other Distributions

\$        ,        ,       

### (9) TOTAL Monetary Contributions To Date

\$        , 2,100.00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 28.05

### (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:

David G. Hill 9/11/17  
 (Type name)  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

Gerald John Graziose  
 (Type name)  
 Candidate  Chairperson (only for PC and PTY)

X [Signature]  
 Signature

X [Signature] 9-11-17  
 Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Gerald John Graziose

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

(3) Cover Period 8 / 1 / 2017 through 8 / 31 / 2017

(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
8/31/17	TD Bank 7001 W Commercial Blvd Lauderhill, FL 33319	Bank Charge	MON		2.00
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

*[Signature]* 9/11/17

*[Signature]* 9/11/17