

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Denise M. Schroeder
 Name
 (2) 5501 Thoroughbred Lane
 Address (number and street)
Southwest Ranches, FL 33330
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

JUL 10 2019

Town Clerk's Office

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

(4) Check appropriate box(es):
 Candidate Office Sought: Council Member - District 4
 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 6 / 1 / 2019 To 6 / 30 / 2019 Report Type: M6
 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
 \$ _____ , _____ , 1 , 200 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , _____ , 44 . 34

(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) Leslie Fredye C. Kastner
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X
 Signature

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

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Denise M. Schroeder **(2) I.D. Number** _____
(3) Cover Period 6 / 1 / 2019 through 6 / 30 / 2019 **(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
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Denise M. Schroeder

(2) I.D. Number _____

(3) Cover Period 6 / 1 / 2019 through 6 / 30 / 2019

(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					
/ /	NONE				
/ /					
/ /					
/ /					
/ /					
/ /					