

#1 4/26/15

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JEFF KRAUSKOPF
 Name
 (2) + PO Box 1225
 Address (number and street)
STUART FL 34995
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: CITY COMMISSION, GROUP II
 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 6/15/15 To 6/19/15 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	___	,	___	,	<u>200.00</u>
Loans	\$	-	,	-	,	<u>200.00</u>
Total Monetary	\$	-	,	-	,	<u>200.00</u>
In-Kind	\$	-	,	-	,	<u>-.-</u>

(7) Expenditures This Report

Monetary Expenditures	\$	-	,	-	,	<u>141.28</u>
Transfers to Office Account	\$	-	,	-	,	<u>-.-</u>
Total Monetary	\$	-	,	-	,	<u>-.-</u>

(8) Other Distributions
 \$ -.-.-

(9) TOTAL Monetary Contributions To Date
 \$ ___, ___, 200.00

(10) TOTAL Monetary Expenditures To Date
 \$ ___, ___, 141.28

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

(Type name) JEFF KRAUSKOPF
 Candidate Chairperson (only for PC and PTY)

X [Signature] 6/21/15
 Signature

X [Signature] 6/21/15
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JEFF KRAUSKOFF (2) I.D. Number _____

(3) Cover Period 6 / 15 / 15 through 6 / 19 / 15 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
6 / 10 / 15	KRAUSKOFF JEFF PO BOX 1225 STUART FL 34995	I	CITY COUNCILMAN	LOA	-	-	200.00
1 - 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JEFF KRAUSKOPF

(2) I.D. Number _____

(3) Cover Period 6/15/15 through 6/17/15

(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					
6/15/15	CITY OF STUART 1215 FLAGLER AVE STUART, FL 34994	FUNG FEE	Check		141.28
1-1					
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