# Campaign Treasurer's Report Summary

(1) **Jeffrey A. Krauskeff**

(2) Address (number and street): 

   STUART ST 34927

   City, State, Zip Code: STUART FL 34994

   [ ] Check here if address has changed

(3) ID Number: ___________________

(4) Check appropriate box(es):

   [ ] Candidate Office Sought: STUART 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 8/115/15 To 8/21/15

   Report Type: G-6

   [ ] Original

   [ ] Amendment

   [ ] Special Election Report

(6) Contributions This Report

   Cash & Checks: $ ______, ______, ______, ______

   Loans: $ ______, ______, ______, ______

   Total Monetary: $ ______, ______, ______, ______

   In-Kind: $ ______, ______, ______, ______

(7) Expenditures This Report

   Monetary Expenditures: $ ______, ______, 145.29

   Transfers to Office Account: $ ______, ______, ______, ______

   Total Monetary: $ ______, ______, 145.29

(8) Other Distributions

   $ ______, ______, ______, ______

(9) TOTAL Monetary Contributions To Date

   $ ______, ______, 1,595.12

(10) TOTAL Monetary Expenditures To Date

    $ ______, ______, 7,572.65

(11) Certification

    It is a first degree misdemeanor for anyone 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 Krauskeff**

    [ ] Individual (only for IE or electioneering comm.)

    [ ] Treasurer

    [ ] Deputy Treasurer

    [ ] Candidate

    [ ] Chairperson (only for PC and PTY)

    [X] Signature

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DS-DE 12 (Rev. 11/13)
**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name  
Jeff Neuskooff

(2) I.D. Number

(3) Cover Period 8/15/15 through 8/21/15

(4) Page 1 of 1

<table>
<thead>
<tr>
<th>(5) Date</th>
<th>(7) Full Name</th>
<th>(8) (Last, Suffix, First, Middle) Street Address &amp; City, State, Zip Code</th>
<th>(9) Contributor Type</th>
<th>(10) Occupation</th>
<th>(11) Contribution Type</th>
<th>(12) In-kind Description</th>
<th>(13) Assessment</th>
<th>(14) Amount</th>
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DS-DE 13 (Rev. 11/13)  
SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

\[ \sum_{i=1}^{n} \delta \]
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<tr>
<th>Date</th>
<th>Sequence Number</th>
<th>Full Name (Last, Suffix, First, Middle) Street Address &amp; City, State, Zip Code</th>
<th>Purpose (add office sought if contribution to a candidate)</th>
<th>Expenditure Type</th>
<th>Amendment</th>
<th>Amount</th>
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