CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **Ronald E. Rose**
Name

(2) **636 SW Bryant Ave.**
Address (number and street)
**SMART FC 34994**
City, State, Zip Code

☐ Check here if address has changed

(4) Check appropriate box(es):
☐ Candidate Office Sought: **SMART CITY COMMISSIONER, GROUP 2**
☐ Political Committee (PC)
☐ Electoneering Communications Org. (ECO)
☐ Party Executive Committee (PTY)
☐ Independent Expenditure (IE) (also covers an individual making elecotiveering 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 **06/01/17** To **06/23/17** Report Type: **61**

☐ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report
Cash & Checks $ ___, ___, ___.
Loans $ ___, ___, 500.
Total Monetary $ ___, ___, 500.
In-Kind $ ___, ___, ___.

(7) Expenditures This Report
Monetary Expenditures $ ___, ___, 141.28
Transfers to Office Account $ ___, ___, 
Total Monetary $ ___, ___, 141.28

(8) Other Distributions
$ ___, ___, ___.

(9) TOTAL Monetary Contributions To Date
$ ___, ___, 500.

(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) **Joe Zachman**
☐ Individual (only for IE) ☒ Treasurer ☐ Deputy Treasurer or elecotiveering comm.
X Signature

(Type name) **Ronald E. Rose**
☐ Candidate ☐ Chairperson (only for PC and PTY)
X Signature

DS-DE 12 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS
<table>
<thead>
<tr>
<th>(5) Date</th>
<th>(7) Full Name</th>
<th>(8) Contributor Type</th>
<th>(9) Occupation</th>
<th>(10) Contribution Type</th>
<th>(11) In-kind Description</th>
<th>(12) Amendment</th>
<th>Amount</th>
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<tbody>
<tr>
<td>06/01/17</td>
<td>Ronald E. Rose</td>
<td>Candidate</td>
<td></td>
<td>LOA</td>
<td></td>
<td></td>
<td>$500</td>
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES
<table>
<thead>
<tr>
<th>Date</th>
<th>Full Name</th>
<th>Purpose</th>
<th>Expenditure Type</th>
<th>Amendment</th>
<th>Amount</th>
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</thead>
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| 1/1  | CITY OF STUART  
121 SW FLAGLER AVE  
STUART, FL 34994 | QUALIFYING FEE  
CAN | QUALIFYING FEE  
CAN | 141.28 |

DS-DE 14 (Rev. 11/13)  
SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES