CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Becky Bruner
Name

(2) 625 Amanda Way
Address (number and street)

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: ______________________

(4) Check appropriate box(es):
☐ Candidate ☑ Office Sought: City Commissioner
gp2
☐ 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 1/29/17 To 8/4/17 Report Type: G-5
☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report
Cash & Checks $____, ____ 250.00
Loans $____, ____ ,____
Total Monetary $____, ____ 250.00
In-Kind $____, ____ ,____

(7) Expenditures This Report
Monetary Expenditures $____, ____ 7.85
Transfers to Office Account $____, ____ ,____
Total Monetary $____, ____ 7.85

(8) Other Distributions $____, ____ ,____

(9) TOTAL Monetary Contributions To Date $____, ____ 920.14

(10) TOTAL Monetary Expenditures To Date $____, ____ 367.17

(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) Becky Bruner
☐ Individual (only for IE or electioneering comm.)
☑ Treasurer ☑ Deputy Treasurer

Signature Becky Bruner

(Type name) Becky Bruner
☑ Candidate ☐ Chairperson (only for PC and PTY)

Signature Becky Bruner

DS-DE 12 (Rev. 11/13)
<table>
<thead>
<tr>
<th>Date</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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</thead>
<tbody>
<tr>
<td>8/2/17</td>
<td>PAY PAL P.O. Box 45950 Omaha, NE 68145</td>
<td>svu fees</td>
<td>CAN ADD</td>
<td>6.15</td>
<td></td>
</tr>
<tr>
<td>F-11</td>
<td></td>
<td></td>
<td>CAN ADD</td>
<td>1.75</td>
<td></td>
</tr>
<tr>
<td>8/4/17</td>
<td>PAY PAL P.O. Box 45950 Omaha, NE 68145</td>
<td>svu fees</td>
<td>CAN ADD</td>
<td>6.15</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Sequence Number</td>
<td>Full Name</td>
<td>Occupation</td>
<td>Contribution Type</td>
<td>In-kind Description</td>
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<td>------------</td>
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<td>---------------------</td>
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<tr>
<td>8/2/17</td>
<td>11</td>
<td>German, Suzanne</td>
<td>nurse</td>
<td>RCT</td>
<td>ADD</td>
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<tr>
<td>8/4/17</td>
<td>12</td>
<td>Miller, Linda</td>
<td></td>
<td>RCT</td>
<td>ADD</td>
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</tbody>
</table>

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