

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) RENATA CASTRO

Name

(2) 1534 NW 61ST AVE

Address (number and street)

MARGATE, FL 33063

City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MARGATE CITY COMMISSIONER SEAT 3

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 11 / 01 / 2017 To 11 / 31 / 2017 Report Type: M11

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , , .

Loans \$ 0 , , .

Total Monetary \$ 0 , , .

In-Kind \$ 0 , , .

(7) Expenditures This Report

Monetary Expenditures \$ 0 , , .

Transfers to Office Account \$ 0 , , .

Total Monetary \$ 0 , , .

(8) Other Distributions

\$ 0 , , .

(9) TOTAL Monetary Contributions To Date

\$, 28 , 095 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 212 . 96

(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) RENATA CASTRO

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

X

Signature

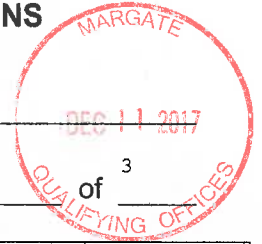
(Type name) RENATA CASTRO

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS



(1) Name RENATA CASTRO

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 2017 through 11 / 31 / 2017

(4) Page 3 of 3

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9)	(10)	(11)	(12)
			Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
/ /		NA						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES



(1) Name RENATA CASTRO

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 2017 through 11 / 31 / 2017

(4) Page 2 of 3

(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					
/ /	NA				
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