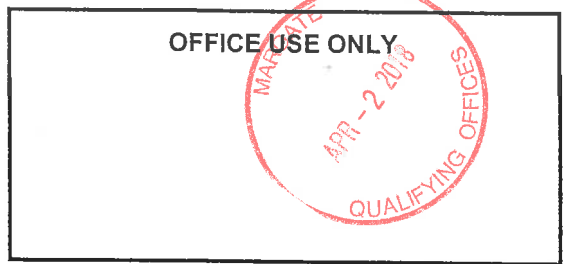


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joanne Simone
Name

(2) 7699 N W 21 ST
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 Commissioner Seat 5

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 3 / 1 / 18 To 3 / 31 / 18 Report Type: 2018-M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . 00

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . 00

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions
\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date
\$ _____, 1 , 850 . 00

(10) TOTAL Monetary Expenditures To Date
\$ _____, _____, 71 . 40

(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) Joanne Simone

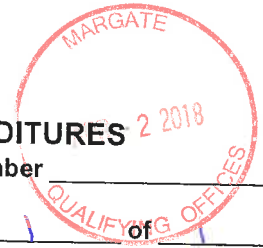
Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Joanne Simone
Signature

(Type name) Joanne Simone

Candidate Chairperson (only for PC and PTY)

X Joanne Simone
Signature



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joanne Simone

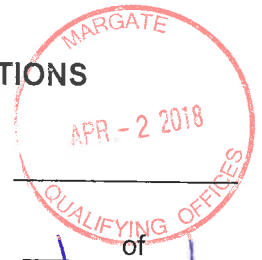
(2) I.D. Number _____

(3) Cover Period 3 / 1 / 18 through 3 / 31 / 18

(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
///	N/A				
///					
///					
///					
///					
///					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS



(1) Name Joanne Simone

(2) I.D. Number _____

(3) Cover Period 3 / 1 / 18 through 3 / 31 / 18

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9)	(10)	(11)	(12)
			Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
/ /		N/A						
/ /								
/ /								
/ /								
/ /								
/ /								