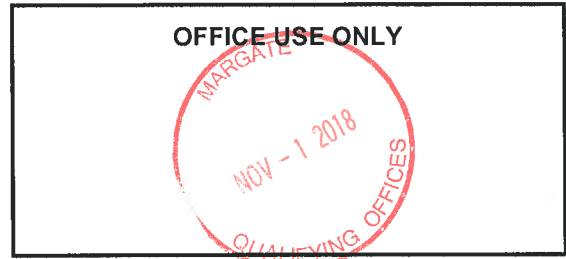


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jennifer Giltrap
 Name
 (2) 399 SW 65th Avenue
 Address (number and street)
Margate, Florida, 33068
 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) 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 10 / 20 / 18 To 11 / 1 / 18 Report Type: 67

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 \$ _____, _____, 183 . 62

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

Total Monetary \$ _____, _____, 183 . 62

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1 , 740 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1 , 703 . 72

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

Jennifer Giltrap
 Signature

(Type name) Jennifer Giltrap
 Candidate Chairperson (only for PC and PTY)

Jennifer Giltrap
 Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jennifer Giltrap

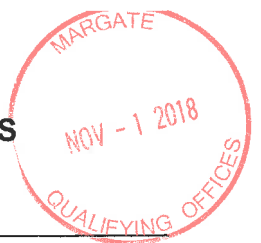
(2) I.D. Number _____

(3) Cover Period 10 / 20 / 18 through 11 / 1 / 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
10/29/18	Broward Printing 1900	Printing CARDS	CAN	NA	\$166.14
1					
10/29/18	Publix 4849 coconut creek	Volunteer Wnch	CAN	NA	\$9.53
2					
10/31/18	BrightStar Credit Union	Bank fee	CAN	NA	\$7.95
3					
//					
//					
//					
//					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS



(1) Name Jennifer Giltrap

(2) I.D. Number _____

(3) Cover Period 10 / 20 / 18 through 11 / 2 / 18

(4) Page 1 of 1

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