

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Antonio (Tony) Spavento
 Name
 (2) 3194 W. Buena Vista Dr.
 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 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 10 / 20 / 18 To 11 / 1 / 18 Report Type: G7-2018

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 20 . 14

Transfers to Office Account \$ _____

Total Monetary \$ _____ 20 . 14

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 2 , 250 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 2 , 170 . 47

(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:

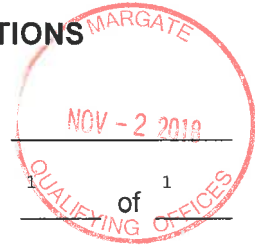
(Type name) Tammy Zamora Miller
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Signature

(Type name) Antonio Spavento
 Candidate Chairperson (only for PC and PTY)

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS



(1) Name Tony Spavento

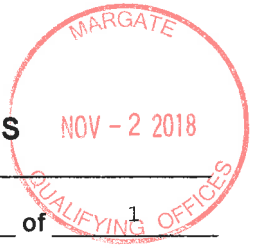
(2) I.D. Number _____

(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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES



(1) Name Tony Spavento

(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
(6) Sequence Number					
10 / 24 / 18	Minuteman Press 4900 W. Atlantic Blvd. Margate, Fl 33063	Hand-outs	CAN		\$20.14
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