

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Karl Artner

Name

(2) 6631 NW 22 CT

Address (number and street)

Margate, FL 33063

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY
MARGATE

OCT 09 2019

QUALIFYING OFFICES

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Margate City Commissioner, Seat #1

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 09 / 01 / 2019 To 09 / 30 / 2019 Report Type: 2019 M9

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____, _____, _____ 0 . 00

Total Monetary \$ _____, _____, _____ 0 . 00

In-Kind \$ _____, _____, _____ 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, _____ 0 . 00

Transfers to Office Account \$ _____, _____, _____ 0 . 00

Total Monetary \$ _____, _____, _____ 0 . 00

(8) Other Distributions

\$ _____, _____, _____ 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, _____ 0 . 00
100.00 KA

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, _____ 0 . 00

(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:

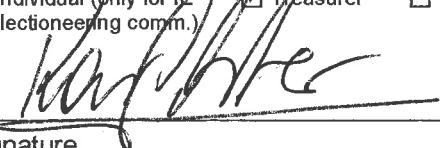
(Type name)

Karl Artner

Individual (only for IE or electioneering comm.)

Treasurer

Deputy Treasurer

X 
Signature

(Type name)

Karl Artner

Candidate

Chairperson (only for PC and PTY)

X 
Signature

CAMPAIN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Karl Artner **(2) I.D. Number** MARGATE

(3) Cover Period 09 / 01 / 2019 through 09 / 30 / 2019 **(4) Page** 1 of 1

(4) Page _____ of _____

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Karl Artner

(2) I.D. Number _____

(3) Cover Period 09 / 01 / 2019 through 09 / 30 / 2019

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(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) QUALIFYING OFFICE Amount
/ /	NONE				\$0.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					