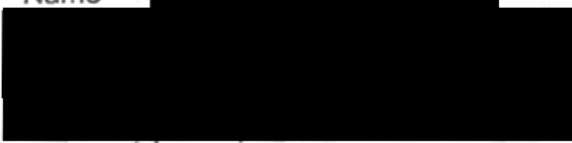


# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nina Culver

Name

(2) 

City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: City of Margate 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 11/1/23 To 11/31/23 Report Type: 2023M1

Original

Amendment

Special Election Report

## (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0.

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

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

\$ \_\_\_\_\_, \_\_\_\_\_, 100.00

## (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 0.

## (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) Nina Culver

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

Nina Culver

Signature

(Type name) Nina Culver

Candidate  Chairperson (only for PC and PTY)

Nina Culver

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

MARGATE

(1) Name Nina Culver (2) I.D. Number \_\_\_\_\_

(3) Cover Period 1 / 1 / 23 through 1 / 31 / 23 (4) Page FEB 06 / 2023 of 1

QUALIFYING OFFICES

(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
1 / 30 / 23	Nina Culver [REDACTED]			LDA			\$100. <sup>00</sup>
01							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nina Culver

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 1/1/23 through 1/31/23

(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				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

MARGATE  
 FEB 06 2023  
 QUALIFYING OFFICES