

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Winston F. Barnes
Name

(2) 2721 Laguna Way
Address (number and street)

Miramar, FL 33025
City, State, Zip Code

OFFICE USE ONLY

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): City Commission Seat 3

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 1 / 1 / 2017 To 1 / 31 / 2017 Report Type M1

☐ Original ☒ Amendment ☐ Special Election Report ☐ Independent Expenditure 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

(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)

☒ Individual (only for
electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Candidate ☐ Chairperson (only for PC, PTY &
electioneering commun. organization)

X

Signature

CFID: 383

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Winston F. Barnes

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 2017 through 1 / 31 / 2017

(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
1 / 9 / 17	City Of Miramar ? Miramar, FL 33025	City of Miramar - Finger Printing	MON	ADD	\$25.00
1					
1 / 9 / 17	City Of Miramar ? Miramar, FL 33025	City of Miramar - Fi	DIS	DEL	\$25.00
3					
/ /					
/ /					
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/ /					
/ /					
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