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: 384

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 / (6) Sequence Number	(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 1	City Of Miramar / Miramar, FL 33025	Candidate assessment	DIS	DEL	$366.75
1 / 9 / 17 1	City Of Miramar / Miramar, FL 33025	Candidate assessment fee	MON	ADD	$366.75
1 / 31 / 17 1	ADP Printing 2001 SW 101 Avenue, BAy #D Miramar, FL 33025	Flyers	MON	ADD	$210.00
1 / 31 / 17 4	ADP Printing 2001 SW 101 Avenue, BAy #D Miramar, FL 33025	Flyers	DIS	DEL	$210.00
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES