

# CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

(1) Joseph A. Kaplan  
Name

(2) 2401 S. Ocean Dr. # 603  
Address (number and street)

Hollywood, FL 33019-2643  
City, State, Zip Code

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner District 1
- 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 / 06 / 2018 To 10 / 19 / 2018 Report Type: 2018-G6

Original  Amendment  Special Election Report

### (6) Contributions This Report

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

Loans \$ 0 , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ 0 , \_\_\_\_\_ , \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , 2 , 51

### (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

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

### (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) Joseph A. Kaplan

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

Signature Joseph A. Kaplan

(Type name) Joseph A. Kaplan

Candidate  Chairperson (only for PC and PTY)

Signature Joseph A. Kaplan

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph A. Kaplan

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

(3) Cover Period 10/06/2018 through 10/19/2018

4) Page 1 Of \_\_\_\_\_

1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor's Occupation	(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
1 10/08/2018	Kaplan, Joseph A. 2401 S. Ocean DR. #603 Hollywood, FL 33019	I		INK Postage Stamp—1 <sup>st</sup> Class Envelope Copies		\$00.90
2 10/10/2018	Kaplan, Joseph A. 2401 S. Ocean Dr. #603 Hollywood, FL 33019	I		INK Copy		\$00.15
3 10/12/2018	Kaplan, Joseph A. 2401 S. Ocean Dr. #603 Hollywood, FL 33019	I		INK Index cards		\$00.96
4 10/15/2018	Kaplan, Joseph A. 2401 S. Ocean Dr. #603 Hollywood, FL 33019	I		INK Index cards		\$00.50