CAMPAIGN TREASURER'S REPORT SUMMARY

(1) John Tornga
Name

(2) 1901 Saddle Hill Rd N
Address (number and street)

Dunedin FL 34698
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

RECEIVED

OCT 26 2018

OFFICE OF THE CITY CLERK

(3) ID Number: 107080505

(4) Check appropriate box(es):

☒ Candidate Office Sought: Dunedin City Commission Seat 4

☐ 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 10 / 13 / 2018 To 10 / 19 / 2018 Report Type: G6-18

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , ___ . Ø
Loans	$ ___ , ___ , ___ . Ø
Total Monetary	$ ___ , ___ , ___ . Ø
In-Kind	$ ___ , ___ , ___ . Ø

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , ___ . Ø
Transfers to Office Account	$ ___ , ___ , ___ . Ø
Total Monetary	$ ___ , ___ , ___ . Ø

(8) Other Distributions

$ ___ , ___ , ___ . Ø

(9) TOTAL Monetary Contributions To Date

$ ___ , 14 , 057 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , 9 , 164 . 42

(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) John Tornga

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

X John Tornga
Signature

(Type name) John Tornga

☐ Candidate ☐ Chairperson (only for PC and PTY)

X John Tornga
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name John Tornga **(2) I.D. Number** 10708050S

(3) Cover Period 10 / 13 / 2018 through 10 / 19 / 2018 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name John Torrnga (2) I.D. Number 1070 80505

(3) Cover Period 10 / 13 / 2018 through 10 / 19 / 2018 (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
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES