

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Quill
 Name
 (2) 1326 STONY BROOK LANE
 Address (number and street)
DUNEDIN FLORIDA 34698
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
 APR 08 2020
 OFFICE OF THE CITY CLERK

RES
3:55 PM

(3) ID Number: 09528210

(4) Check appropriate box(es):

Candidate Office Sought: DUNEDIN CITY COMMISSIONER SEAT # 3

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 03 / 01 / 20 To 03 / 31 / 20 Report Type: M3-20

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 0 . 0

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 62 . 59

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 75 . 20

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 62 . 59

(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) Nada Abdo Quill

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

X Nada Abdo Quill
 Signature

(Type name) Mike Quill

Candidate Chairperson (only for PC and PTY)

X Mike A. Quill
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Quill

(2) I.D. Number 09528210

(3) Cover Period 03 / 01 / 20 through 03 / 31 / 20

(4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mike Quill

(2) I.D. Number 09528210

(3) Cover Period 03/01/20 through 03/31/20

(4) Page 3 of 3

(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
(6) Sequence Number					
3/2/20	Harland Clarke check orders TO Bank	Cost of Bank checks	CAN		5259
3/1/20	TD Bank monthly fees	Monthly Bank fee	CAN		10.00
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					