CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Quill
Name

(2) 1326 STONY BROOK LANE
Address (number and street)

DUNEDIN, FL. 34698
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
RECEIVED
JUN 09 2020
OFFICE OF THE CITY CLERK

(3) ID Number: 09528210

(4) Check appropriate box(es):

☑ Candidate Office Sought: DUNEDIN CITY COMMISSIONER, SEAT #3
☐ 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 05 / 01 / 20 To 05 / 31 / 20 Report Type: M5-20

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , ___ . ___
Loans	$ ___ , ___ , 0 . ___
Total Monetary	$ ___ , ___ , ___ . ___
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 13 . 00
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , ___ . ___

(8) Other Distributions
$ ___ , ___ , 3 . 00

(9) TOTAL Monetary Contributions To Date
$ ___ , ___ , 105 . 02

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 85 . 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 Quill
Signature

SEE REVERSE FOR INSTRUCTIONS

Instructions for Campaign Treasurer's Report Summary

(1) Name: full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.

(2) Address: the full address or post office box, city, state, and zip code.
☐ Check the box if the address has changed since the last report filed.

(3) ID Number: identification number assigned by the filing officer.

(4) Check the appropriate box(es).

(5) Report Identifiers

Cover Period: the dates this report covers (i.e., From 1/1/15 To 1/31/55). **Important**: use the appropriate cover period dates as published by the filing officer.

Report Type: refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a **special election** add "S" in front of the report code (i.e., SG3).

Check one of the appropriate boxes:

☐ Original: first report filed for this reporting period.

☐ Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A.

☐ Special Election Report: **Important:** once a special election report is filed, the entity is required to file all remaining reports due for the special election.

(6) Contributions This Report:

Cash and Checks: total amount for this reporting period.
Loans: total amount for this reporting period.
Total Monetary: sum of Cash and Checks and Loans.
In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.

(7) Expenditures This Report:

Monetary Expenditures: total amount of monetary expenditures for this reporting period.
Transfers to Office Account: total amount transferred to an office account by elected candidates only.
Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.

(8) Other Distributions: the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.

(9) TOTAL Monetary Contributions To Date: the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(10) TOTAL Monetary Expenditures To Date: the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(11) Type or print the required officer's name and have them sign the report:

☐ Candidate report: treasurer and candidate must sign.
☐ PC report: treasurer and chairperson must sign.
☐ PTY report: treasurer and chairperson must sign.
☐ ECO report: organization's treasurer must sign.
☐ IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)

AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94.

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Quill **(2) I.D. Number** 09528210

(3) Cover Period 05/01/20 through 05/31/20 **(4) Page** 3 of 3

(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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Candidate's full name or name of the political committee (PC), electioneering communications organizations (ECO) or party executive committee (PTY).

(2) The identification number assigned by the filing officer.

(3) Cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate year and cover periods.)

(4) Page numbers (e.g., 1 of 3).

(5) Date contribution was RECEIVED (Month/Day/Year).

(6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.
For example, a M1 report having 75 contributions would use sequence numbers 1 through 75. The next report (M2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended M1 reports would begin with sequence number 76 and on amended M2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.

(7) Type full name and address of contributor (including city, state and zip code).

(8) Enter the type of contributor using one of the following codes:
Occupation of contributor for **contributions over $100 only**. (If a business, please indicate nature of business.)

I	Individual	
B	Business	(also includes corporations, organizations, groups, etc.)
E	Electioneering Communications Organizations	
F	Political Committee	(federal or state)
P	Political Parties	(includes federal, state and county executive committees)
O	Other	(e.g., candidate surplus funds to party, etc.)
S	Candidate to Self	

(9) Enter Contribution Type using one of the following codes:
NOTE: Cash includes cash and cashier's checks.

Code	Description
CAS	Cash or Cashier's Check
CHE	Check
COF	Carryover Funds from Previous Campaign
INK	In-Kind
INT	Interest
LOA	Loan
MO	Money Order
MUC	Multiple Uniform Contributions
RCT	Other Receipts
REF	Refund (Negative Amount Only)

(10) Type the description of any in-kind contribution received.
Candidate's Only – If in-kind contribution is from a party executive committee and is allocable toward the contribution limits, type an "A" in this box. If contribution is not allocable, type an "N".

(11) **Amendment Type** (required on amended reports) – To add a new (previously unreported) contribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.
The sequence number for contributions with amendment type "ADD" will start at one plus the number of contributions in the original report. For example, amending an original M1 report that had 75 contributions means the sequence number of the first contribution having amendment type "ADD" will be 76; the second "ADD" contribution would be 77, etc. When amending an original M2 report that had 40 contributions, the sixth "ADD" contribution would have sequence number 46.
To correct a previously submitted contribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the contribution to be corrected. In combination with the report number being amended, this sequence number will identify the contribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(12) Type amount of contribution received. **Political Committees ONLY:** Multiple uniform contributions from the same person, aggregating NMT $250 per calendar year, collected by an organization that is the affiliated sponsor of a PC, may be reported by the PC in an aggregate amount listing the number of contributors together with the amount contributed by each and the total amount contributed during the reporting period. The identity of each person making such uniform contribution must be reported to the filing officer by July 1 of each calendar year, or, in a general election year, NLT the 60th day immediately preceding the primary election.

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mike Quill (2) I.D. Number 09528210

(3) Cover Period 05/01/20 through 05/31/20 (4) Page 3 of 3

(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
5/29/20 1	TD Bank Fees	monthly RK acct fee	CAN		13.00
4/30/20 2	TD Bank Fees	monthly Bank fee	ADD CAN	ADD ~~3.00~~	3.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Candidate's full name or name of the political committee (PC), electioneering communications organization (ECO), or party executive committee (PTY).

(2) Identification number assigned by the filing officer.

(3) Cover period dates (01/01/15 through 01/31/15). (See filing officer's reporting dates calendar for appropriate cover periods.)

(4) Page numbers (e.g., 1 of 3).

(5) Date of expenditure (Month/Day/Year).

(6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting requirements.

For example, a M1 report having 40 expenditures would use sequence numbers 1 through 40. The next report (M2), comprised of 30 expenditures would use sequence numbers 1 through 30. Expenditures on amended M1 reports would begin with sequence number 41 and on amended M2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

(7) Full name and address of entity receiving payment (including city, state and zip code).

(8) Purpose of expenditure (if expenditure is a contribution to a candidate, also type the office sought by the candidate). **PLEASE NOTE**: This column does not apply to candidate expenditures, as candidates cannot contribute to other candidates from campaign funds. However, PCs (supporting candidates) and party executive committees contributing to candidates must report office sought (Section 106.07, F.S.).

(9) Enter Expenditure Type using one of the following codes:

Code	Description
CAN	Candidate Expense
DIS	Disposition of Funds
DFC	Disposition of Funds to Future Campaign (effective 11/1/13)
DPP	Disposition of Funds to Political Party (effective 11/1/13)
DPV	Disposition of Funds to Petition Verification (effective 11/1/13)
ECC	Electioneering Communication
IEC	Independent Expenditure Regarding a Candidate
IEI	Independent Expenditure Regarding an Issue
MON	Monetary (Not to a Candidate)
PCW	Petty Cash Withdrawn
PCS	Petty Cash Spent
PPD	Pre-paid Distribution
REF	Refund (Negative Amount Only)
RMB	Reimbursements
TOA	Transfer to Office Account (Disposition of Funds)

(10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) expenditure for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for expenditures with amendment type "ADD" will start at one plus the number of expenditures in the original report. For example, amending an original M1 reports that had 75 expenditures, means the sequence number of the first expenditure having amendment type "ADD" will be 76; the second "ADD" expenditure would have sequence number 39.

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Amount of expenditure.

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

Name _____ Office Sought _____

Address _____ City _____ State _____ Zip Code _____

☐ Candidate ☐ Political Committee ☐ Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.07(3)(6), F.S.).

☐ Check here if address has changed since last report. ☐ Check here if PC has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)

☐ **MONTHLY REPORT** ☐ **PRIMARY ELECTION** ☐ **GENERAL ELECTION** ☐ **OTHER REPORT TYPE**

Indicate report # M_____ **Indicate report #** P_____ **Indicate report #** G_____ **Indicate report type and # as applicable:** _____

☐ **TERMINATION REPORT** ☐ **SPECIAL ELECTION**

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

_____ **THROUGH** _____.

X _____ _____

Signature **Date**

X _____ _____

Signature **Date**

REQUIRED SIGNATURES FOR:

Candidates:
Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:
Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Party Executive Committees:
Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

CONTRIBUTIONS RETURNED

(Section 106.07(4)(c), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

☐ Candidate ☐ Committee or Organization

Full Name: _____

Full Address: _____

Full Name and Address of Contributor:	Full Name and Address of Contributor:
_____	_____
_____	_____
_____	_____
Amount of Contribution: $ _____	Amount of Contribution: $ _____
Date Received: _____	Date Received: _____
Date Returned: _____	Date Returned: _____
Full Name and Address of Contributor:	**Full Name and Address of Contributor:**
_____	_____
_____	_____
_____	_____
Amount of Contribution: $ _____	Amount of Contribution: $ _____
Date Received: _____	Date Received: _____
Date Returned: _____	Date Returned: _____

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

_____

Type or Print Name of Candidate, Treasurer or Chairman

X _____

Signature