

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paul John Rolli  
 Name  
 (2) 2016 NE 6th Terr  
 Address (number and street)  
Wilton Manors, FL 33305  
 City, State, Zip Code

**OFFICE USE ONLY**

*R Rolli*

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

(4) Check appropriate box(es):

Candidate    Office Sought: City Commissioner

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 11 / 03 / 16 To 02 / 06 / 17 Report Type: Terminat

Original     Amendment     Special Election Report

**(6) Contributions This Report**

Cash & Checks    \$ \_\_\_\_\_ , \_\_\_\_\_ , 00 . 00

Loans    \$ \_\_\_\_\_ , \_\_\_\_\_ , 00 . 00

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 00 . 00

In-Kind    \$ \_\_\_\_\_ , \_\_\_\_\_ , 00 . 00

**(7) Expenditures This Report**

Monetary Expenditures    \$ \_\_\_\_\_ , 1 , 970 . 07

Transfers to Office Account    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary    \$ \_\_\_\_\_ , 1 , 970 . 00

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , 22 , 517 . 48

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ , 21 , 517 . 07

### (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) Paul John Rolli

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

**X** *Paul John Rolli*  
 Signature

(Type name) Paul John Rolli

Candidate     Chairperson (only for PC and PTY)

**X** *Paul John Rolli*  
 Signature



# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Paul John Rolli (2) I.D. Number \_\_\_\_\_

(3) Cover Period 11 / 03 / 2016 through 02 / 06 / 2017 (4) Page 1 of 1

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