

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Scott Newton  
Name

(2) 1825 NE 27 Dr.  
Address (number and street)

Wilton Manors 33306  
City, State, Zip Code

**OFFICE USE ONLY**

18MAR12 7:52AM

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: \_\_\_\_\_
- 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 2 / 1 / 18 To 2 / 28 / 18 Report Type: M-2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_, 300.00

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, 16.95

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 300.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 16.95

### (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) Scott Newton

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

X [Signature]

Signature

(Type name) Scott Newton

Candidate  Chairperson (only for PC and PTY)

X [Signature]

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Scott Newton

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

(3) Cover Period 2 / 1 / 18 through 2 / 28 / 18

(4) Page 1 of 1 MAR 12 7:52 AM

(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
2/28/18	Deluxe Check				16.95
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Scott Newton

(2) I.D. Number \_\_\_\_\_ 18MAR12 7:52AM

(3) Cover Period 2 / 1 / 18 through 2 / 28 / 18

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
2, 22, 18	Scott Newton 1825 NE 27 DR W.N, FL 33306	L	Self	Che			300.00
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