

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Bracchi
Name

(2) [REDACTED]
Address (number and street)
Wilton Manors, FL 33334
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

Patricia Staples

Digitally signed by Patricia Staples
DN: cn=Patricia Staples, o=City of Wilton Manors, ou, email=pstaples@wiltonmanors.com, c=US
Date: 2020.04.02 12:56:15 -04'00'

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Wilton Manors City Commission
- 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 03 / 01 / 20 To 03 / 31 / 20 Report Type: M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	___	___	150.	00
Loans	\$	___	___	___	___
Total Monetary	\$	___	___	150.	00
In-Kind	\$	___	___	100.	00

(7) Expenditures This Report

Monetary Expenditures	\$	___	___	127.	11
Transfers to Office Account	\$	___	___	___	___
Total Monetary	\$	___	___	127.	11

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ _____, 20, 635 . 70

(10) TOTAL Monetary Expenditures To Date
\$ _____, 7, 166 . 06

(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) Michael Bracchi

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

X Michael Bracchi
Signature

(Type name) Michael Bracchi

Candidate Chairperson (only for PC and PTY)

X Michael Bracchi
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Michael Bracchi (2) I.D. Number _____

(3) Cover Period 03 / 01 / 20 through 03 / 31 / 20 (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				
03 / 07 / 20 001	Peterson, Allen 2601 NE 14 Ave #503 Wilton Manors FL 33334	I		CHE			\$100.00
03 / 08 / 20 002	Cacia, Carmen 2617 NE 14 Ave, #403 Wilton Manors FL 33334	I		CHE			\$50.00
03 / 31 / 20 003	Exults 4901 NW 17th Way Suite 503 Fort Lauderdale, FL 33309	B		INK	marketing		\$100.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Bracchi

(2) I.D. Number _____

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

(4) Page 1 of 1

(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					
03 / 10 / 20	FDP 214 S Bronogh Tallahassee, FL 32301	data	CAN		\$75.00
001					
03 / 31 / 20	Stripe 185 Berry Street, Suite 550, San Francisco, California 94107	payment processing	CAN		\$3.20
002					
03 / 31 / 20	Facebook 1 Hacker Way Menlo Park, CA 94025	Ads	CAN		\$48.91
003					
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///					
///					
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