

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Citizens for Managed Growth

Name _____

(2) 292 Sylvan Blvd.

Address (number and street) _____

Winter Park, FL 32789

City, State, Zip Code _____

Check here if address has changed

OFFICE USE ONLY

12-05-17A 10:05 RCVD

(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 11 / 11 / 2017 To 12 / 10 / 2017 Report Type: PC

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 10 . 00

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

Total Monetary \$ _____ , _____ , 10 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3 , 932 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 3 , 852 . 98

(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) Jacquelyn D. Sward

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

X Jacquelyn D. Sward
Signature

(Type name) Roderic D. Sward

Candidate Chairperson (only for PC and PTY)

X Roderic D. Sward
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Citizens for Managed Growth (2) I.D. Number _____

(3) Cover Period 11 / 11 / 2017 through 12 / 10 / 2017 (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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Citizens for Managed Growth

(2) I.D. Number _____

(3) Cover Period 11 / 11 / 2017 through 12 / 10 / 2017

(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					
11 / 30 / 17	TD Bank 1560 N. Orange Ave. Winter Park, Fl 32789	Maintenance Fee for Checking Account	Mon		\$10.00
0001					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					