

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert Littleton

Name

(2) 18 Oak Brook drive

Address (number and street)

Ormond Beach, FL 32174

City, State, Zip Code

Check here if address has changed

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

**OFFICE USE ONLY**

JUL 13 16 4:05PM

(4) Check appropriate box(es):

Candidate Office Sought: Ormond Beach City Commission Zone 4

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 06 / 25 / 16 To 07 / 08 / 16 Report Type: 2016P2

Original

Amendment

Special Election Report

### (6) Contributions This Report

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

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 127 . 54

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 127 . 54

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 7 , 680 . 32

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 2 , 760 . 03

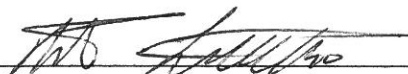
### (11) Certification

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) Robert Littleton

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

  
Signature

(Type name) Robert Littleton

Candidate  Chairperson (only for PC and PTY)

  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robert Littleton

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

(3) Cover Period 06 / 25 / 16 through 07 / 08 / 16

(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					
06 / 27 / 16	City Of Ormond Beach 22 South Beach Street Ormond Beach, FL 32174	Qualifying Fee	MON		\$127.54
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