

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bryan Caletka
 Name
 (2) 3860 SW 60th Avenue
 Address (number and street)
Davie, FL 33314
 City, State, Zip Code

OFFICE USE ONLY

06-18-14 P01:05 OUT *JH*

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Davie Town Council, district 1
- 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 6 / 1 / 14 To 6 / 30 / 14 Report Type: M6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 15 . 00

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

Total Monetary \$ _____ , _____ , 15 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 8 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 3 , 928 . 76

(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) Bryan Caletka

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

X *B. Caletka*

Signature

(Type name) Bryan Caletka

Candidate Chairperson (only for PC and PTY)

X *B. Caletka*

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bryan Caletka (2) I.D. Number _____

(3) Cover Period 6 / 1 / 14 through 6 / 30 / 14 (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		
/ /	Nothing to report						
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bryan Caletka

(2) I.D. Number _____

(3) Cover Period 6 / 1 / 14 through 6 / 30 / 14

(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					
6 / 5 / 14	Chase Bank 6529 Nova Drive Davie, FL 33317	Service Fee	MON		\$15.00
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