

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Scott Galvin Campaign
Name
 (2) 1755 NE 137 Terrace
Address (number and street)
N. Miami, FL 33181
City, State, Zip Code

OFFICE USE ONLY

RECEIVED
 JUL 10 2015

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: CITY OF NORTH MIAMI
CITY CLERKS OFFICE

(4) Check appropriate box(es):
 Candidate (office sought): North Miami City Council, District 1
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 05 / 01 / 2015 To 05 / 31 / 2015 Report Type _____
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00
 Loans \$ _____
 Total Monetary \$ _____
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2,798.04
 Transfers to Office Account \$ _____
 Total Monetary \$ 2,798.04

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 29,145.00

(10) TOTAL Monetary Expenditures To Date
 \$ 19,253.59

(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 Galvin
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Scott Galvin
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Scott Galvin Campaign

(2) I.D. Number _____

(3) Cover Period 05 / 01 / 2015 through 05 / 31 / 2015

(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 |
|-------------|--|--|----------------------------|-------------------|----------------|
| 5 / 2 / 15 | Ninja Lounge 14401 NE 20 Lane North Miami, FL 33181 | North Miami Jaycees Cancer Fundraiser | | | \$15.00 |
| 5 / 6 / 15 | City of North Miami 776 NE 125 Street North Miami, FL 33161 | Rental of Enchanted Forest Pavilion | | | \$185.00 |
| 5 / 16 / 15 | Gerard Ortega 400 Biscayne Boulevard Miami, FL 33132 | Nepal Earthquake Benefit | | | \$50.00 |
| 5 / 22 / 15 | Derek Newton 71 Broadway, #16I New York, NY 10006 | Consulting | | | \$1,000.00 |
| 5 / 30 / 15 | Empowered Youth 7090 NW 22 Avenue Miami, FL 33147 | Catering for Thank You Party | | | \$1,148.04 |
| 5 / 30 / 15 | M&M Stables 1725 NE 135 Street North Miami, FL 33181 | Pony rides for Thank You Party | | | \$400.00 |
| /// | | | | | |
| /// | | | | | |

RECEIVED

MAY 13 2015

CITY OF NORTH MIAMI
CITY CLERKS OFFICE