

**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)**  
North Miami, FL 33181  
**City, State, Zip Code**

OFFICE USE ONLY  
**RECEIVED**  
 AUG 10 2015  
 CITY OF NORTH MIAMI  
 CITY CLERKS OFFICE

CHECK IF ADDRESS HAS CHANGED

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

(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  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 07 / 01 / 2015 To 07 / 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 \$ 352.03  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ 352.03

**(8) Other Distributions**  
 \$ \_\_\_\_\_

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

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 28,905.62

**(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 07 / 01 / 2015 through 07 / 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
(6) Sequence Number					
7 / 31 / 15	Uptown Media 20105 NE 3 Ct., #3 Miami, FL 33179	Thank you advertisement			\$95.00
7 / 31 / 15	Urban Paradise Guild 13400 North Miami Avenue N. Miami, FL 33168	Donation			\$257.03
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