

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Guy C Silla
Name

(2) 3894 Meadow Lane
Address (number and street)

Hollywood, FL 33021
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

(3) ID Number: _____

(4) Check appropriate box(es): Hollywood City Commissioner - District 4

- | | | |
|--|----------------------|--|
| <input checked="" type="checkbox"/> Candidate | Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 03/01/2020 / ____ / ____ To 03/31/2020 / ____ / ____ Report Type: M3-20

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0.00

Loans \$ 2,000.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 20.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 20.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 20.00

(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:

Guy C Silla
(Type name)

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

X
Signature

Guy C Silla
(Type name)

Candidate Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Guy C Silla

(1) Name _____

(2) I.D. Number

03/01/2020

03/31/2020

1

1

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____

(4) Page ____ of ____

(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
03/23/2020 / /	Guy C Silla 3894 Meadow Lane Hollywood, FL 33021	I	Candidate	LOA			2,000.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Guy C Silla

(2) I.D. Number 1 of 1

(3) Cover Period 03/01/2020 through 03/31/2020

(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					
03/24/2020 / /	Broward County / SOE 115 S Andrews Ave, Room 102 Fort Lauderdale, FL 33301	Records Fee	MON		20.00
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