

FEB 10 2016 PM 3:07

CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED
OFFICE USE ONLY

FEB 10 2016

CITY OF WEST PALM BEACH
OFFICE OF THE CITY CLERK

(1) MARTINA WALKER
Name

(2) 514 20th STREET
Address (number and street)

West Palm Beach FL 33407
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: City Commissioner Dist. 1

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 11/1/16 To 11/31/16 Report Type: M-1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 150.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, 150.00

In-Kind \$ _____, _____, 113.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 188.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 188.00

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 195.37

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 7.37

(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) DAVID MILLER

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

X [Signature]

Signature

(Type name) Martina Walker

Candidate Chairperson (only for PC and PTY)

X [Signature]

Signature

Instructions for Campaign Treasurer's Report Summary

(1) **Name:** full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.

(2) **Address:** the full address or post office box, city, state, and zip code.
 Check the box if the address has changed since the last report filed.

(3) **ID Number:** identification number assigned by the filing officer.

(4) **Check the appropriate box(es).**

(5) **Report Identifiers**

Cover Period: the dates this report covers (i.e., From 1/1/15 To 1/31/55). **Important:** use the appropriate cover period dates as published by the filing officer.

Report Type: refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a **special election** add "S" in front of the report code (i.e., SG3).

Check one of the appropriate boxes:

Original: first report filed for this reporting period.

Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A.

Special Election Report: **Important:** once a special election report is filed, the entity is required to file all remaining reports due for the special election.

(6) **Contributions This Report:**

Cash and Checks: total amount for this reporting period.

Loans: total amount for this reporting period.

Total Monetary: sum of Cash and Checks and Loans.

In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.

(7) **Expenditures This Report:**

Monetary Expenditures: total amount of monetary expenditures for this reporting period.

Transfers to Office Account: total amount transferred to an office account by elected candidates only.

Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.

(8) **Other Distributions:** the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.

(9) **TOTAL Monetary Contributions To Date:** the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(10) **TOTAL Monetary Expenditures To Date:** the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(11) **Type or print the required officer's name and have them sign the report:**

Candidate report: treasurer and candidate must sign.

PC report: treasurer and chairperson must sign.

PTY report: treasurer and chairperson must sign.

ECO report: organization's treasurer must sign.

IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)

AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94.

CAMPAIGN TRUSTEES' ASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MARTINA WALKER (2) I.D. Number _____

(3) Cover Period 1/1/16 through 1/31/16 (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
1, 13, 16	CHIKENAT. IRVING 1401 Forum Way W.P.B FL 33401			CHE			\$150.00
1, 1, 16	116 Prestige Dr. Royal Palm Beach FL 33411	Home					
1, 2, 16	DAVID MILLER 3225 WINDSOR AVE WPB. FL 33407				MLK PARADE Participation		\$30.00
1, 29, 16	Kia Walker-Young 3225 WINDSOR AVE WPB. FL 33407				Flyers		83.00
1, 1, 16							
1, 1, 16							
1, 1, 16							
1, 1, 16							

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

- (1) Candidate's full name or name of the political committee (PC), electioneering communications organizations (ECO) or party executive committee (PTY).
- (2) The identification number assigned by the filing officer.
- (3) Cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate year and cover periods.)
- (4) Page numbers (e.g., 1 of 3).
- (5) Date contribution was RECEIVED (Month/Day/Year).

(6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.

For example, a M1 report having 75 contributions would use sequence numbers 1 through 75. The next report (M2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended M1 reports would begin with sequence number 76 and on amended M2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.

- (7) Type full name and address of contributor (including city, state and zip code).
- (8) Enter the type of contributor using one of the following codes.
Occupation of contributor for contributions over \$100 only. (If a business, please indicate nature of business.)

I	Individual	
B	Business	(also includes corporations) organizations, groups, etc.)
E	Electioneering Communications Organizations	
F	Political Committee	(federal or state)
P	Political Parties	(includes federal, state and county executive committees)
O	Other	(e.g., candidate surplus funds to party, etc.)
S	Candidate to Self	

- (9) Enter Contribution Type using one of the following codes:

NOTE: Cash includes cash and cashier's checks.

Code	Description
CAS	Cash or Cashier's Check
CHE	Check
COF	Carryover Funds from Previous Campaign
INK	In-Kind
INT	Interest
LOA	Loan
MO	Money Order
MUC	Multiple Uniform Contributions
RCT	Other Receipts
REF	Refund (Negative Amount Only)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MARTINA WALKER

(2) I.D. Number _____

(3) Cover Period 1/01/16 through 1/31/16

(4) Page _____ of _____

(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
1/15/16	CHINA MAN PHOTO 1710 45th St West Palm Beach FL 33407		FLYERS		\$130.00
1/15/16	TINA L. WALKER FLYER REIMBURSEMENT 614 20th St West Palm Beach FL 33407		FLYERS		\$40.00
1/25/16	SPORTS MERCHANDISE 2311 BROADWAY RIVERA BEACH FL 33404		CAMPAIGN BUTTONS		\$8.00
1/29/16	BANK MAINTENANCE FEE CHECK FEES TD BANK DU		BANK FEES		\$8.00
1/29/16	BANK PAPER STATEMENT FEE TD BANK		BANK FEES		\$2.00
1/1					
1/1					
1/1					