

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Glenn Troast

Name _____

(2) 2150 NE 30 ST

Address (number and street) _____

Lighthouse Point, FL 33064 _____

City, State, Zip Code _____

Check here if address has changed

OFFICE USE ONLY

Received

JAN 09 2020

Lighthouse Point

City Clerk's Office

1:00pm

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Lighthouse Point Mayor

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 12/01/2019/ To 12/31/2019/ Report Type: M12

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , .

Loans \$ 500.00, , .

Total Monetary \$ 500.00, , .

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$ 8.00, , .

Transfers to Office Account \$, , .

Total Monetary \$ 8.00, , .

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$ 500.00, , .

(10) TOTAL Monetary Expenditures To Date

\$ 8.00, , .

(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:

(Type name) Jan Nouss

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

X Jan Nouss
Signature

(Type name) Glenn Troast

Candidate Chairperson (only for PC and PTY)

X Glenn Troast
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Glenn Troast (2) I.D. Number _____

(3) Cover Period 12/01/2019 / / through 12/31/2019 / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount	
12/19/2019 / /	Troast, Glenn 2150 NE 30 ST Lighthouse Point, FL 33064	S	CPA	LOA		500.00	
/ /							
/ /							
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CAMPAIN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Glenn Troast **(2) I.D. Number**

(2) I.D. Number _____

(3) Cover Period 12/01/2019 / through 12/31/2019 / (4) Page 1 of 1

(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)	(11)
(6) Sequence Number					
12/24/2015	Bank United 2500 N Federal Hwy Lighthouse Point, FL 33064	Check order	MON		8.00
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