

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CHRISTOPHER MABICHT
Name

(2) 3298 POST ST
Address (number and street)

DELOMIT FL 32738
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

16-03-07 15:35 RCVD

(4) Check appropriate box(es):

Candidate Office Sought: DELOMIT CITY COMMISSION DIST 6

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 2 / 1 / 2016 To 2 / 29 / 2016 Report Type: M-2

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 100.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, 100.00

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0.00

Transfers to Office Account \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 0.00

(8) Other Distributions

\$ _____, _____, 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 300.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 0.00

(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) CHRISTOPHER MABICHT

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

Christopher Mabicht
Signature

(Type name) CHRISTOPHER MABICHT

Candidate Chairperson (only for PC and PTY)

Christopher Mabicht
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name CHRISTOPHER LABICHT (2) I.D. Number _____

(3) Cover Period 2 1 1 1 2016 through 2 1 29 1 2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
2 1 13 1 16	BARBARA MASIARCZYK 2025 ADRIAN BLVD DETROIT MI 48225	I	Retired	CHE	—	—	100.00
8 1							
1 1							
1 1							
1 1							
1 1							
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