

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) BARRY O'BRIEN
Name

(2) 410 E. VERMONT ST., #630
Address (number and street)

WPA, FL 33401
City, State, Zip Code

OFFICE USE ONLY
CITY OF WEST PALM BEACH
JUL 17 2018

RECEIVED

(3) ID Number: _____

Check here if address has changed

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- 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 07/01/18 To 07/31/18 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 2,977.00

Transfers to Office Account \$ _____

Total Monetary \$ 2,977.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 3,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 3,000.00

(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) BARRY J. O'BRIEN

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

(Type name) BARRY J. O'BRIEN

Candidate Chairperson (only for PC and PTY)

X _____
Signature

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BARRY O'BRIEN (2) I.D. Number _____

(3) Cover Period 07/01/15 through 07/31/15 (4) Page 2 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
/ /							
/ /							
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/ /							
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/ /							

None

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BARRY O'BRIEN (2) I.D. Number _____

(3) Cover Period 07/01/18 through 07/31/18 (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
07/24/18	BARRY O'BRIEN 410 E. VARNUM ST #430 WPD, FL 33401	LOAN REPAYMENT	DIS		2977.00
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