

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CLIFFORD R. MERZ

Name

(2) 700 Chevy Chase Drive

Address (number and street)

SAFETY Harbor, FL 34695

City, State, Zip Code

Check here if address has changed

(4) Check appropriate box(es):

Candidate Office Sought: SAFETY HARBOR City Commission SEAT 2

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

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

FEB 22 2021 *ML*

## (5) Report Identifiers

Cover Period: From 02 / 06 / 2021 To 02 / 19 / 2021 Report Type: G2-21

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$        , 0 . —

Loans \$        , 0 . —

Total Monetary \$        , 0 . —

In-Kind \$        , 0 . —

### (7) Expenditures This Report

Monetary Expenditures \$        , 0 . —

Transfers to Office Account \$        , 0 . —

Total Monetary \$        , 0 . —

### (8) Other Distributions

\$        , 0 . —

### (9) TOTAL Monetary Contributions To Date

\$ — , 3,550 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ — , 3,475 . 87

## (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) CLIFFORD R. MERZ

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

X *Clifford R. Merz*  
Signature

(Type name) CLIFFORD R. MERZ

Candidate  Chairperson (only for PC and PTY)

X *Clifford R. Merz*  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name CLIFFORD R. MERZ

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 02/06/2021 through 02/19/2021

(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					
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name CLIFFORD R. MEERZ (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 06 / 2021 through 02 / 19 / 2021 (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
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