


# 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

OFFICE USE ONLY

MAR 05 2021 

Check here if address has changed

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

(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

### (5) Report Identifiers

Cover Period: From 02 / 20 / 2021 To 03 / 04 / 2021 Report Type: G3-21

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   .   —  

### (10) TOTAL Monetary Expenditures To Date

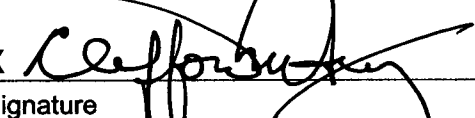
\$        ,   3   ,   475   .   87  

### (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   
 Signature

(Type name) CLIFFORD R. MERZ  
 Candidate  Chairperson (only for PC and PTY)

x   
 Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02 / 20 / 2021 through 03 / 04 / 2021 (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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name CLIFFORD R. MGRZ

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

(3) Cover Period 02 / 20 / 2021 through 03 / 04 / 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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