

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JACK IRZO
 Name
 (2) 542 N 70th WAY
 Address (number and street)
HOLLYWOOD FL 33024
 City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner (District 5)

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 11/2/18 To 2/4/19 Report Type: 2018 TR
 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

\$ _____ 12,047.51

(10) TOTAL Monetary Expenditures To Date

\$ _____ 12,047.51

(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)

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

X

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature

CONTRIBUTIONS RETURNED

(Section 106.07(4)(b), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: Jack Izzo

Full Address: 542 N 7th way Hollywood FL 33024

Full Name and Address of Contributor:

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Amount of Contribution: \$ _____

Date Received: _____

Date Received: _____

Date Returned: _____

Date Returned: _____

Full Name and Address of Contributor:

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Amount of Contribution: \$ _____

Date Received: _____

Date Received: _____

Date Returned: _____

Date Returned: _____

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

Jack Izzo

Type or Print Name of Candidate, Treasurer or Chairman

X

Signature