

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ITZHACK FELDMAN
Name

(2) 325 S 16 AV
Address (number and street)

HOV FL 33020
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR
- 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 12 / 01 / 15 To 12 / 31 / 15 Report Type 2015 M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 300 . 00

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 300 . 00

In-Kind \$ _____, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . 00

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 0 . 00

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 400 . 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) ITZHACK FELDMAN

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

ITZ
Signature

(Type name) ITZHACK FELDMAN

Candidate Chairperson (only for PC and PTY)

ITZ
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ITZHACK FELDMAN (2) I.D. Number _____

(3) Cover Period 12 / 01 / 15 through 12 / 31 / 15 (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 |
|---------------------------|--|---------------------------------------|------------|-----------------------------|--------------------------------|-------------------|-------------------------------------|
| (6) Sequence Number | | Type | Occupation | Type | Description | | |
| 12, 20, 15 1 | Gil Navon 310 Polk street Hollywood, FL 33019 | I | Sales | CAS | CAS IF | | 300. ⁰⁰ / ₁₀₀ |
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