

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ADAM D GRUBER
Name

(2) 3920 HYDE Park Circle
Address (number and street)

HOLLYWOOD FL 33021
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: HOLLYWOOD City Commissioner DISTRICT 4

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 04/01/2020 To 04/30/2020 Report Type: M4-20

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

\$ _____, 1,910.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 40.86

(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) Rochelle F Morse

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

X Rochelle F Morse
Signature

(Type name) ADAM D. GRUBER

Candidate Chairperson (only for PC and PTY)

X Adam D. Gruber
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ADAM GRUBER (2) I.D. Number _____

(3) Cover Period 04/01/20 through 04/30/20 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9)	(10)	(11)	(12)
			Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
/ /		NONE						
/ /								
/ /								
/ /								
/ /								
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/ /								

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ADAM GRUBER (2) I.D. Number _____
 (3) Cover Period 04, 01, 20 through 04, 30, 20 (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					
//	NONE				
//					
//					
//					
//					
//					