

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Alan Rigerman  
**Name**  
 (2) 17910 NW84th Ave  
**Address (number and street)**  
Miami, FL 33015  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1029165]  
 Submitted on:  
 5/26/2011 16:04:43 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 1002

(4) **Check appropriate box(es):**  
 Candidate (office sought): County Commission 13 2011  
 Political Committee  **CHECK IF PC HAS DISBANDED**  
 Committee of Continuous Existence  **CHECK IF CCE HAS DISBANDED**  
 Party Executive Committee  **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/23/2011 To 5/19/2011 / Report Type SF2-1  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>-71.79</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>-71.79</u>

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 500.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 500.00

**(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) _____ <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer <b>X</b> _____ Signature	I certify that I have examined this report and it is true, correct, and complete.  (Type name) _____ <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) <b>X</b> _____ Signature
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Alan Rigerman (2) I.D. Number 1002

4/23/2011 through 5/19/2011

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(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 Alan Rigerman

(2) I.D. Number 1002

(3) Cover Period 4/23/2011 through 5/19/2011

(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					
5/19/2011 / /	rigerman, alan william 17910 nw 84th ave hialeah, fl 33015	reimbursement for copies office max	MO	Delete	\$211.79
1					
5/19/2011 / /	rigerman, alan william 17910 nw 84th ave hialeah, fl 33015	reimbursement for copies office max	MO	Add	\$140.00
2					
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