CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Elliott Noel Zack	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	8370 SW 89 Street									
	Address (number and street)									
	Miami, FL 33156									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 513								
(4)										
	<ul> <li>Candidate Office Sought: Community Council Area/Subarea 12/125</li> <li>□ Political Committee (PC)</li> <li>□ Electioneering Communications Org. (ECO)</li> <li>□ Party Executive Committee (PTY)</li> <li>□ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>□ Check here if PTY has disbanded</li> <li>□ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 9 / 1 / 2006 To	12 / 4 / 2006 Report Type: <u>TRF-0</u>								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$ , , ,000	Monetary								
Loar	<del></del>	Transfers to Office Account \$ , , 0 . 00								
Tota	I Monetary \$ , , 0 . 00	Total Monetary \$ , ,422 . 52								
In-Kind \$ , , 0.00										
		(8) Other Distributions \$ , , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>6</u> , <u>125</u> . <u>00</u>	\$, <u>6</u> , <u>125</u> . <u>00</u>								
	It is a first degree misdemeanor for any persecutive that I have examined this report and it is true, corrections	ect, and complete:								
	ype name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		X								
Sid	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) NameElliott Noel Zack			(2) I.D. Number 513					
	9/1/2006			2/4/2006				
(3) Cover Perio	od / /	thro			(4) Page	e <u>1</u>	of	
1000 MB			1400					
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &		ontributor	Contribution	In-kind	**************************************	<b>*</b>	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1								
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1 1								

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Ellio	URES				
	9/1/2006 12/ / through	4/2006	1) Page <u>1</u>		0
(5) Date  (6) Sequence Number	(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)	(11)
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