

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

(1) Angel ZAYON
Name

(2) 525 De Soto Drive
Address (number and street)
Miami Springs FL 33166
City, State, Zip Code

OFFICE USE ONLY

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FLORIDA
ELECTIONS

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 657

(4) Check appropriate box(es):

- Candidate (office sought): School Board Member Districts
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication

- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 6/10/08 To 7/18/08 Report Type F1-08

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 925.00
Loans \$ 2,000.00
Total Monetary \$ 2,925.00
In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2,004.50
Transfers to Office Account \$ _____
Total Monetary \$ 2,004.50

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 2,925.00

(10) TOTAL Monetary Expenditures To Date
\$ 2,004.50

(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) Angel ZAYON
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X
Signature [Signature]

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Angel ZAYON
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X
Signature [Signature]

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Angel Zayon (2) I.D. Number 657

(3) Cover Period 6/10/08 through 7/18/08 (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	Amendment	Amount
6/11/08 1	Angel Zayon 525 De Soto Dr. Miami-Springs. FL 33166	1	Journalist	Loa			2,000. ⁰⁰
7/4/08 2	Miguel A. Alvarez 12305 Sw. 6st. Miami, FL. 33182	1	Retired	CHe			250. ⁰⁰
7/4/08 3	Jorge Pedraza 9620 S.W. 67 Ave Pinecrest, FL. 33156	1	Attorney	CHe			500. ⁰⁰
7/10/08 4	Dulce M. Castro 6910 W. 3 Ave. Hialeah, FL. 33014	1		CHe			25. ⁰⁰
7/10/08 5	Cecilio A. Deaza 7860 S.W. 17 st. Miami, FL. 33155	1		CHe			100. ⁰⁰
7/10/08 6	Jesus Olivera 250 E. 10 st. Hialeah, FL. 33010	1		CHe			10. ⁰⁰
7/10/08 7	Jose Garcia 1015 N.W. 23ct. Miami, FL. 33125	1		CHe			20. ⁰⁰
7/10/08 8	Maria I. Zabela 8851 NW. 119 st. apt. 4104 Hialeah Garden FL 33018	1		CHe			20. ⁰⁰

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 ELECTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Angel Zayon

(2) I.D. Number 657

(3) Cover Period 6/10/08 through 7/18/08

(4) Page _____ of _____

(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
6/20/08 1	Board of County Commissioners 2700 N.W. 87 Ave. Miami, FL. 33172	Filing Fee	Mon		1,635.48
6/30/08 2	Board of County Commissioners 2700 N.W. 87 Ave. Miami, FL. 33172	AB-List	Mon		38.52
7/10/08 3	Board of County Commissioners 2700 N.W. 87 Ave. Miami, FL. 33172	Dist. 5 Map	Mon		40.00
7/11/08 4	Angel Zayon 525 De Soto Dr. Miami-Springs, FL. 33166	Us. Postal Service Fee P.O.	Ref		23.00
7/11/08 5	Olmedo Printing 710 S.W. 73 court Miami, FL. 33144	Palm Cards	Mon		267.50
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1/1					

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CAMPAIGN LOANS REPORT ITEMIZED

Page 1 of 1

(PLEASE TYPE)

FULL NAME AND ADDRESS OF LENDER:

Angel Zayon
525 De Soto Drive
Miami Springs FL 33166

OCCUPATION: Journalist

AMOUNT OF LOAN: \$ 2,000.00

DATE RECEIVED: 6/11/08

FULL NAME AND ADDRESS OF LENDER:

OCCUPATION: _____

AMOUNT OF LOAN: _____

DATE RECEIVED: _____

FULL NAME AND ADDRESS OF LENDER:

OCCUPATION: _____

AMOUNT OF LOAN: _____

DATE RECEIVED: _____

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OCCUPATION: _____

AMOUNT OF LOAN: _____

DATE RECEIVED: _____

FULL NAME AND ADDRESS OF LENDER:

OCCUPATION: _____

AMOUNT OF LOAN: _____

DATE RECEIVED: _____