

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Arlene Simon Backman

Name

(2) 3550 Hollywood Blvd.

Address (number and street)

Hollywood, FL 33020

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 476

(4) Check appropriate box(es):

☒ Candidate Office Sought: County Court Judge, Grp. 31

☐ 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

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[1157134]

Submitted on:
6/11/2018 17:51:46 (eastern)

(5) Report Identifiers

Cover Period: From 5 / 1 / 2018 To 5 / 31 / 2018 Report Type: M5

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 5 , 520 . 80

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 5 , 520 . 80

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 8 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 5 , 520 . 80

(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)

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

X

Signature

(Type name)

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Arlene Simon Backman (2) I.D. Number 476
 (3) Cover Period 5/1/2018 through 5/31/2018 (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 Arlene Simon Backman

(2) I.D. Number 476

(3) Cover Period 5/1/2018 through 5/31/2018

(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
5/1/2018 //	BROWARD COUNTY SOE, 115 S ANDREWS AVENUE 1ST FLOOR . 102 FORT LAUDERDALE, FL 33301	qualifying fee	MO		\$5,520.80
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