

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rita Lipof  
 Name  
 (2) 2157 N. 14th Ave  
 Address (number and street)  
Hollywood, FL 33020  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1215581]  
 Submitted on:  
 7/8/2020 17:53:12 (eastern)

Check here if address has changed (3) ID Number: 613

(4) Check appropriate box(es):  
 Candidate Office Sought: County Commission, Dist. 7  
 Political Committee (PC)  
 Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded  
 Party Executive Committee (PTY)  Check here if PTY has disbanded  
 Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 6 / 13 / 2020 To 6 / 26 / 2020 Report Type: P2  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 200 . 00  
 Loans \$      ,      , 0 . 00  
 Total Monetary \$      ,      , 200 . 00  
 In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 74 . 91  
 Transfers to Office Account \$      ,      , 0 . 00  
 Total Monetary \$      ,      , 74 . 91

**(8) Other Distributions**  
 \$      ,      , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,      , 6 , 301 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      , 6 , 135 . 27

### (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 Rita Lipof (2) I.D. Number 613

(3) Cover Period 6/13/2020 through 6/26/2020 (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							
6/19/2020 / /	Lederman, Cindy S. Exempt per FL Statute NA, NA 33333	I	retired judge	CH			\$100.00
1							
6/19/2020 / /	Lederman, Robert Exempt per FL statute NA, NA 12345	I		CH			\$100.00
2							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Rita Lipof

(2) I.D. Number 613

(3) Cover Period 6/13/2020 through 6/26/2020

(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					
6/18/2020 //	Bank of America, 801 East Hallandale Beach Blvd. Hallandale Beach, FL 33009	check ordering fee	MO		\$74.91
1					
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