

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gil Ziffer  
 Name

(2) 735 Beard St  
 Address (number and street)

Tallahassee, FL 32303  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1146470]

Submitted on:  
 11/27/2017 15:08:29 (eastern)

Check here if address has changed

(3) ID Number: 509

(4) Check appropriate box(es):

- Candidate Office Sought: Tallahassee City Commission - Seat 4/Mayor
- 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 10 / 1 / 2017 To 10 / 31 / 2017 Report Type: M10

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 \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 18 , 571 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 607 . 97

### (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 Gil Ziffer (2) I.D. Number 509  
 10/1/2017 through 10/31/2017  
 (3) Cover Period / / through / / (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
10/24/2017 / /	Ennis, Erin 1305 Rachel Lane Tallahassee, FL 32308	I	finance	CH		Delete	\$250.00
1							
10/24/2017 / /	Ennis, Erin 1305 Rachel Lane Tallahassee, FL 32308	I	accountant	CH		Add	\$250.00
2							
10/24/2017 / /	Weeks, Virginia 2101 Lee Ave Tallahassee, FL 32308	I	self employed	CH		Delete	\$250.00
3							
10/24/2017 / /	Weeks, Virginia 2101 Lee Ave Tallahassee, FL 32308	I	real estate management	CH		Add	\$250.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Gil Ziffer

(2) I.D. Number 509

(3) Cover Period 10/1/2017 through 10/31/2017

(4) Page 1 of 0

(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					
// /					
// /					
// /					
// /					
// /					
// /					