

## 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**  
 [1149021]

Submitted on:  
 2/12/2018 09:31:52 (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 1 / 1 / 2018 To 1 / 31 / 2018 Report Type: M1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 25 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 25 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 1 . 03

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 1 . 03

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      , 52 , 225 . 20

### (10) TOTAL Monetary Expenditures To Date

\$      , 1 , 674 . 75

### (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  
 (3) Cover Period 1/1/2018 through 1/31/2018 (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
1/3/2018 / /	Fry, Jillian 408 Chestnut Drive Tallahassee, FL 32301	I		CH			\$25.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Gil Ziffer

(2) I.D. Number 509

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

(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
(6) Sequence Number					
1/31/2018 / /	Paypal, 2211 North First Street San Jose, CA 95131	transaction fee	MO		\$1.03
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