CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Alexander C. Senderoff	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1131224]						
(2) 19421 West Saint Andrews Drive	Submitted on:						
Address (number and street) Miami, FL 33015	10/17/2016 16:03:05 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number:1628						
(4) Check appropriate box(es):							
Candidate Office Sought: Community Co	uncil Area/Subarea 05/At Large						
Political Committee (PC)							
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	Check here if PC or ECO has disbanded						
<ul> <li>Party Executive Committee (PTT)</li> <li>Independent Expenditure (IE) (also covers an</li> </ul>	<ul> <li>Check here if PTY has disbanded</li> <li>Check here if no other IE or EC reports will be filed</li> </ul>						
individual making electioneering communications)							
(5) Repor	t Identifiers						
Cover Period: From 6 / 1 / 2016 To	9 / 19 / 2016 Report Type: 16TQC						
	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$ , , 100 . 00	Expenditures \$ _ , _ , <u>100</u> . 00						
¢							
Loans \$,, <u>0</u> .00	Transfers to Office Account \$						
Total Monetary \$, , 100.00	Office Account \$,,, 0 . 00						
	Total Monetary \$,, 100 . 00						
In-Kind \$, 0.00	· · · ·						
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, 10000	\$ , , 200 . 00						
(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 ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
~	×						
X	X Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Alexander C. Senderoff</u>				(2) I.D. Number				
	6/1/2016			/19/2016				
(3) Cover Peri	od//	thro	ough	11	(4) Pag	le	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Ci	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
9/17/2016 / /	Senderoff, Alexander C 19421 West Saint Andrews Dr		regional director	CA	the \$100.00	Add	\$100.00	
1	Miami, FL 33015				qualifying fee to be deposited			
1 1	_							
1 1	_							
1 1	-							
1 1	_							
1 1								
1 1	_							
1 1	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Alex	<b>CAMPAIGN TREASURER</b> ' ander C. Senderoff		D EXPENDIT (2) I.D. Number	1628	
(3) Cover Period	6/1/2016 I//through_	9/19/2016 //	(4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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
	Wells Fargo Bank, 6707 NW 186th St Miami, FL 33015	i personally paid for the amount to be deposited in order to pay for qualifying	MO	Add	\$100.00
_/ /					
_/ /					
_/ /					
_ / _					
_ / _					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES