CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Alexander C. Senderoff	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1140621]							
(2) 19421 West Saint Andrews Drive	Submitted on:							
Address (number and street) Miami, FL 33015	2/28/2017 16:34:03 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 1628							
(4) Check appropriate box(es):								
Candidate Office Sought: Community Com	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 ☐ Check here if PTY has disbanded							
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From <u>6</u> / <u>1</u> / <u>2016</u> To	9 / <u>19</u> / <u>2016</u> Report Type: <u>16TQC</u>							
🗌 Original 🛛 Amendment 🗌 Sp	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$ , , , 00	Expenditures \$ , , ,00.							
Loans \$,,0.	Transfers to							
	Office Account \$ _ , _ , _ 0 . 00							
Total Monetary \$, 0.00								
	Total Monetary \$ , , ,00. 00							
In-Kind \$,, 00								
	(8) Other Distributions							
	\$, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, <u>100</u> . <u>00</u>	\$,, <u>100</u> . <u>00</u>							
(44) 0	tification							
(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)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
_X	X							
Signature	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			9	/19/2016				
(3) Cover Perio	od / /	thro	ough	I I	(4) Page	e	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1	-							
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	Delete	\$100.00
_/ /					
_/ /					
_/_/					
_/_/					
_ / _					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES