

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Elliott Noel Zack  
 Name

(2) 8370 SW 89th Street  
 Address (number and street)

Miami, FL 33156  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1158585]

Submitted on:  
 6/28/2018 14:25:49 (eastern)

Check here if address has changed

(3) ID Number: 2124

(4) Check appropriate box(es):

- Candidate Office Sought: Community Council Area/Subarea 12/125
- 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 / 1 / 2018 To 6 / 22 / 2018 Report Type: 18P1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   1   , 000 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   1   , 000 . 00

In-Kind \$      ,      ,   0   . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      ,  100  . 00

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,      ,  100  . 00

### (8) Other Distributions

\$      ,      ,   0   . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,   1   , 000 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      ,  100  . 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 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 Elliott Noel Zack (2) I.D. Number 2124

6/1/2018 through 6/22/2018

(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
6/14/2018 / /	ZACK, ELLIOT 8370 SW 89TH ST MIAMI, FL 33156	S	attorney	CA			\$1,000.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Elliott Noel Zack

(2) I.D. Number 2124

(3) Cover Period 6/1/2018 through 6/22/2018

(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					
6/15/2018 / /	MIAMI DADE COUNTY, 2700 NW 87 AVE MIAMI, FL 33172	county filing fees	MO		\$100.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					