

## 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**  
 [1180120]  
 Submitted on:  
 11/20/2018 15:19:19 (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 8 / 24 / 2018 To 11 / 26 / 2018 Report Type: 18TRF

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 \$        , 2 , 170 . 60

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 2 , 170 . 60

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 2 , 550 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 2 , 550 . 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

8/24/2018 through 11/26/2018

(3) Cover Period \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_ (4) Page 1 of 0

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|--|---------------------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |

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

(1) Name Elliott Noel Zack

(2) I.D. Number 2124

(3) Cover Period 8/24/2018 through 11/26/2018

(4) Page 1 of 1

| (5)<br>Date       | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|-------------------|--|--|----------------------------|-------------------|----------------|
| 9/4/2018<br>/ /   | ZACK, ELLIOTT NOEL<br>8370 SW 89 ST<br>MIAMI, FL 33156   | reimbursement<br>for loan  | RM                         |                   | \$1,000.00     |
| 1                 |  |  |                            |                   |                |
| 9/4/2018<br>/ /   | BANK OF AMERICA,<br>PO BOX 15284<br>WILMINGTON, DE 1985  | service fees   | MO                         |                   | \$17.00        |
| 2                 |  |  |                            |                   |                |
| 11/19/2018<br>/ / | ST JUDE CHILDREN'S<br>RESEARCH,<br>501 ST JUDE PLACE<br>MEMPHIS, TN 38105                      | charity<br>donation  | MO                         |                   | \$1,153.60     |
| 3                 |  |  |                            |                   |                |
| / /               |  |  |                            |                   |                |
| / /               |  |  |                            |                   |                |
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