

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rafael Etzion  
 Name  
 (2) 4931 Fisher Island Drive  
 Address (number and street)  
Miami Beach, FL 33109  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1212041]

Submitted on:  
 6/19/2020 11:57:48 (eastern)

Check here if address has changed (3) ID Number: 2366

(4) Check appropriate box(es):

Candidate Office Sought: Community Council Area/Subarea 16/161-E

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 6 / 1 / 2020 To 9 / 7 / 2020 Report Type: 20TQC

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 150 . 00

Total Monetary \$        ,        , 150 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 150 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 150 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        ,        , 150 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 150 . 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 EXPENDITURES**

(1) Name Rafael Etzion

(2) I.D. Number 2366

(3) Cover Period 6/1/2020 through 9/7/2020

(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					
6/5/2020 / /	MIAMI DADE COUNTY, 2700 NW. 87 TH AVENUE MIAMI, FL 33172	qualifying fee	MO		\$100.00
1					
6/19/2020 / /	Etzion, Rafael 4931 Fisher Island Dr Miami Beach, FL 33109	loan reimbursement to myself.	RM		\$50.00
2					
/ /					
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