CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Joy Malakoff	OFFICE USE ONLY						
, ,	Name	2017 JAN 10 PM 12: 53						
(2)	6415 Pine Tree Drive	CITY OLICEN'S DEFICE						
	Address (number and street) Miami Beach, FL 33141	Stri Such A Survey						
	City, State, Zip Code	·						
	☐ Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
	✓ Candidate Office Sought: Commissione	er - Group III						
	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						
Cov	er Period: From 12/01/2016/ To	12/31/2016/ Report Type: M12-16						
☑ c	original ☐ Amendment ☐ Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
i		Monetary						
Cas	h & Checks \$,, <u>9,710.00</u>	Expenditures \$, , Q.00						
	ns \$ 0.00	Transfers to						
Loa	, , , <u>4:55</u>	Office Account \$, , .						
Tota	al Monetary \$, , 9,710.00	· ·						
	 	Total Monetary \$, , 0.00						
In-K	ind \$, , Q. <u>00</u>							
		(8) Other Distributions						
		\$, ,						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$ <u>80,336,00</u> ,	\$ <u>3,675.41</u>						
	(11) Cen	l tification						
		on to falsify a public record (ss. 839.13, F.S.)						
L	certify that I have examined this report and it is true, corr	ect, and complete:						
(1	_{Type name)} Joy Malakoff	(Type name) Joy Malakoff						
Ц	Individual (only for IE ☐ Treasurer ☑ Deputy Treasurer electioneering comm.)	☐ Chairperson (only for PC and PTY)						
J								
_X	you Walefull	x Joy Maland						
S	ig n ature//	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number						
(3) Cover Period	12/01/2016	throu	igh/		_ (4) Page	1	of		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12)		
12/05/2016 // 1	Newman, Karen J. 370 E 76th St Apt C601 New York, NY 10021	I	Office Manager	СНЕ			1,000.00		
12/05/2016 / / / 2	Core, Michael J. 129 Union Ave Garfield, NJ 07026	I	Asset Mgmt Director	СНЕ			1,000.00		
12/5/2016 / /	Longardo, Loredana 128 Bay 35th ST Brooklyn, NY 11214	I	HR Director	СНЕ			1,000.00		
12/5/2016 / / / 4	Baruch, Renee S. 510 Cedarwood Dr Cedarhurst, NY 11516	ı	CFO	СНЕ			1,000.00		
12/5/2016 / / 5	Simons, Victoria R. 600 Grapetree Dr Ste 6BS Key Biscayne, FL 33149	I	Retail Store Owner	СНЕ			1,000.00		
12/5/2016 / / 6	Hadar, Margery R. 190 E 72nd ST Apt 29A New York, NY 10021	I	Broker	CHE			1,000.00		
12/5/2016 / /	Hadar, Joshua D. 345 Greenwich ST Apt 6A New York, NY 10013	I	RE Investor	СНЕ			1,000.00		

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2)	(2) I.D. Number			
(3) Cover Period	12/01/2016	throu	gh/	16 /	_ (4) Page	2	of	
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	1	(8)	(9)	(10)	(11)	(12)	
Number .2/20/2016 / /	City, State, Zip Code Hertzberg, Robert D 1620 Northview Dr Miami Beach, FL 33140	Г	Occupation Attorney	СНЕ	Description	Amendment	500.00	
2/20/2016	Worton, Joan K. 11111 Biscayne Blvd Apt 1757 Miami, FL 33181	I	Retired	СНЕ			110.00	
2/20/2016 /	Worton, Stanley 11111 Biscayne Blvd Apt 1757 Miami, FL 33181	I	Retired	СНЕ			100.00	
2/21/2016 / /	Alton Jal Inc 523 Michigan Ave Miami Beach, FL 33139	В	RE Investment	СНЕ			500.00	

RE

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Investment

Development

Investment

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12/21/2016

12/21/2016

12/21/2016

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1234 Partners LTD

Kendall I Plaza LTD

BB Plaza LTD

523 Michigan Ave Miami Beach, FL 33139

523 Michigan Ave Miami Beach, FL 33139

523 Michigan Ave Miami Beach, FL 33139

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500.00

500.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

1) Name Joy Ma	lakoff		(2) I.D. Number				
(3) Cover Period	12/01/2 ⁰¹⁶ / through 12/3	31/2016 / (4	4) Page	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)	(11) Amount		
//							
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/_/			·				
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/ /							

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