CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Joy Malakoff	OFFICE USE ONLY					
Name (2) 6415 Pine Tree Drive	2017 FEB - 9 PM 2: 46					
(2) 6415 Pine Tree Drive  Address (number and street)	CITY CLICA'S CEFICE					
Miami Beach, FL 33141						
City, State, Zip Code						
☐ Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):	or Crown III					
<ul> <li>✓ Candidate Office Sought: Commissioner - Group III</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>						
(5) Report	Identifiers					
Cover Period: From 12/01/2016/ To	12/31/2016/ Report Type: M12-16					
☐ Original ☑ Amendment ☐ Spe	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$ , , 200.00	Monetary Expenditures \$ , , 6.40					
Loans \$,,Q.00	Transfers to Office Account \$,					
Total Monetary \$	Total Monetary \$ , 6.40					
In-Kind \$,,Q.00	,, ,, ,, ,, ,, ,					
	(8) Other Distributions \$ ,					
(9) TOTAL Monetary Contributions To Date \$ 80,536,00	(10) TOTAL Monetary Expenditures To Date \$ 3,681.81,					
It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is true, corr	rect, and complete:					
(Type name) Joy Malakoff	(Type name) Joy Malakoff					
☐ Individual (only for IE ☐ Treasurer ☑ Deputy Treasurer or electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)					
x Joy Malahoff	X					
Signature//	Signature					

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	alakoff			(2)	I.D. Numbe	r	
(3) Cover Period	12/01/2016	throug	gh/	16 /	_ (4) Page	e	of
(5)  Date  (6)  Sequence  Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co	(8) entributor Occupation	(9) Contribution Type	(10)  In-kind  Description	(11)	(12)
12/09/2016 / / 1	Goldberg, Michael 11480 N Bayshore Dr North Miami, FL 33181	I		СНЕ	Description	ADD	100.00
12/10/2016 / /	Gold, Lori 3 Island Ave PH-H Miami Beach, FL 33139	I		CHE		ADD	100.00
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DS-DE 13 (Rev. 11/1)	3)	SEE REV	/ERSE FOR II	NSTRUCTIONS A	AND CODE VAI	_UES	

3) Cover Perio	3) Cover Period 12/1/2016 / through 12/31/2016 /			rof_ <sup>1</sup>	
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
2/31 <b>/</b> 201 <b>6</b>	PayPal 2211 N 1st Street San Jose, CA 95131	Merchant Fees	MON	ADD	6.40
/ /					
/ /					
/ /				X.113	7017
/ /					2017 FTB -9 PH 2
				OFFICE	<del>5</del> <del>5</del>

	San Jose, CA 95131	Merchant Fees	MON	ADD	6.40
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				10	7017
				7.1	2017 FF(B - 9
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				CITY PLEVING OFFICE	7FFB-9 PH 2: 46
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S-DE 14 (Pov. 4	1/12)				
S-DE 14 (Rev. 1	1/13) SEE REVERSE FOR INST	TRUCTIONS AND CODE	VALUES		