

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Shawn Vardi
Name

(2) 336 21st Street
Address (number and street)

Miami Beach, FL 33139
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1246530]

Submitted on:
6/10/2021 15:30:12 (eastern)

Check here if address has changed

(3) ID Number: 70

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner Group I
- 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 5 / 1 / 2021 To 5 / 31 / 2021 Report Type: M5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 13 , 000 . 00

Loans \$, , 0 . 00

Total Monetary \$, 13 , 000 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 13 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 0 . 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 Shawn Vardi (2) I.D. Number 70
 (3) Cover Period 5/1/2021 through 5/31/2021 (4) Page 1 of 2

(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) Sequence Number						
5/27/2021 / /	Think Properties, LLC, P.O. Box 398007 Miami Beach, FL 33139	B hospitalit y firms	CH			\$1,000.00
1						
5/27/2021 / /	Shelbourne Rentals 1, LLC, P.O. Box 398007 Miami Beach, FL 33139	B hospitalit y firms	CH			\$1,000.00
2						
5/27/2021 / /	Plymouth Hotel, LLC, P.O. Box 398007 Miami Beach, FL 33139	B hospitalit y firms	CH			\$1,000.00
3						
5/27/2021 / /	Falsa Limonada LLC, P.O. Box 398007 Miami Beach, FL 33139	B hospitalit y firm	CH			\$1,000.00
4						
5/27/2021 / /	Collins Park Hotel LLC, P.O. Box 398007 Miami Beach, FL 33139	B hospitalit y firm	CH			\$1,000.00
5						
5/27/2021 / /	Charles Street LLC, P.O. Box 398007 Miami Beach, FL 33139	B hospitalit y firm	CH			\$1,000.00
6						
5/28/2021 / /	Think Hospitality, LLC, P.O. Box 398007 Miami Beach, FL 33139	B hospitalit y firm	CH			\$1,000.00
7						
5/28/2021 / /	Sobe Hotel Company LLC, P.O. Box 398007 Miami Beach, FL 33139	B hospitalit y firm	CH			\$1,000.00
8						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Shawn Vardi (2) I.D. Number 70
 (3) Cover Period 5/1/2021 through 5/31/2021 (4) Page 2 of 2

(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
5/28/2021 / /	Boulan 207, LLC, P.O. Box 398007 Miami Beach, FL 33139	B hospitalit y firm	CH			\$1,000.00
9						
5/28/2021 / /	Neunion LLC, P.O. Box 398007 Miami Beach, fl 33139	B hospitalit y firm	CH			\$1,000.00
10						
5/28/2021 / /	Boulan Suites, LLC, P.O. Box 398007 Miami Beach, fl 33139	B hospitalit y firm	CH			\$1,000.00
11						
5/28/2021 / /	TS Hospitality, LLC, P.O. Box 398007 Miami Beach, FL 33139	B hospitalit y firm	CH			\$1,000.00
12						
5/28/2021 / /	Clinton Hotel MB LLC, P.O. Box 398007 Miami Beach, FL 33139	B hospitalit y firm	CH			\$1,000.00
13						
/ /						
/ /						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Shawn Vardi

(2) I.D. Number 70

(3) Cover Period 5/1/2021 through 5/31/2021

(4) Page 1 of 0

(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					
/ /					
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