

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jake Sachs
 Name
 (2) 816 East 8th Avenue
 Address (number and street)
New Smyrna Beach, FL 32169
 City, State, Zip Code

**OFFICE USE ONLY
 RECEIVED**

OFFICE OF THE CITY CLERK

DATE 2-5-2018

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es): New Smyrna Beach Zone 2 Commissioner

Candidate Office Sought: _____

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 01 / 01 / 2018 To 01 / 31 / 2018 Report Type: M1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 1,000.00

Loans \$, , 300.00

Total Monetary \$, , 1,300.00

In-Kind \$, , .00

(7) Expenditures This Report

Monetary Expenditures \$, , 28.00

Transfers to Office Account \$, , .00

Total Monetary \$, , 28.00

(8) Other Distributions
 \$, , .00

(9) TOTAL Monetary Contributions To Date
 \$, , 1,300.00

(10) TOTAL Monetary Expenditures To Date
 \$, , 28.00

(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:

Leslie Sachs
 (Type name)
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Jake Sachs
 (Type name)
 Candidate Chairperson (only for PC and PTY)

X *Leslie S. Sachs*
 Signature

X *Jake Sachs*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jake Sachs

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 2018 through 01 / 31 / 2018

(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
01 / 30 / 2018	Wells Fargo 1650 South Atlantic Avenue New Smyrna Beach, FL 32169	Checks	CAN		\$28.00
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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

OFFICE OF THE CITY CLERK

DATE 1-26-2018

I, JAKE SACHS,

candidate for the office of NEW SMYRNA BEACH ZONE 2 COMMISSIONER;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

1/26/18

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

OFFICE OF THE CITY CLERK

DATE 1-23-2018

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)
Jacob David Sachs

3. Address (include post office box or street, city, state, zip code)

4. Telephone
(386) 690-3100

5. E-mail address
jake421@cfl.rr.com

816 E 8th Ave
New Smyrna Beach, FL 32169

6. Office sought (include district, circuit, group number)
New Smyrna Beach Commissioner Zone 2

7. If a candidate for a nonpartisan office, check if applicable:
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a
 Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Leslie S Sachs

11. Mailing Address
816 E 8th Ave

12. Telephone
(386) 690-2984

13. City
New Smyrna Beach

14. County
Volusia

15. State
FL

16. Zip Code
32169

17. E-mail address
leslie0621@bellsouth.net

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank
Wells Fargo

20. Address
1650 S Atlantic Ave

21. City
New Smyrna Beach

22. County
Volusia

23. State
FL


24. Zip Code
32169

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

1/23/18

26. Signature of Candidate



27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Leslie S Sachs, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/22/18

Date


Signature of Campaign Treasurer or Deputy Treasurer