

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) Zack Feldman
Name

(2) 325 S 16 AV
Address (number and street)

Hollywood FL 33020
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MAYOR

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 01 / 19 To 12 / 31 / 2019 Report Type: 2019-MD

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____ 00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____ 0

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 0

(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) ITZACK FELDMAN

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) ZACK FELDMAN

Candidate Chairperson (only for PC and PTY)

X _____
Signature

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ZACK FELDMAN

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 19 through 12 / 31 / 19

(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					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ZACK FELDMAN (2) I.D. Number _____

(3) Cover Period 12 / 01 / 19 through 12 / 31 / 19 (4) Page 1 of 1

(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
/ /	0						
/ /							
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