

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRED JONAS  
Name

(2) 918 NE 119 ST  
Address (number and street)

BISCAYNE PARK FL 33161  
City, State, Zip Code

OFFICE USE ONLY

VILLAGE OF BISCAYNE PARK

RECEIVED

OCT 14 2016

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- 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 10 / 1 / 16 To 10 / 7 / 16 Report Type: GI

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0 . \_\_\_\_\_

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 0 . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 0 . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 0 . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 0 . \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, 0 . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 0 . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 1000 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 285 . 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) FRED JONAS

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

X [Signature]  
Signature

(Type name) FRED JONAS

Candidate  Chairperson (only for PC and PTY)

X [Signature]  
Signature

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

VILLAGE OF BISCAYNE  
RECEIVED

(1) Name FRED JONAS

(2) I.D. Number OCT 14 2016

(3) Cover Period 10 / 1 / 16 through 10 / 7 / 16

(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
/ /							
<b>NONE</b>							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name FRED JONAS

(2) I.D. Number OCT 14 2016

(3) Cover Period 10 / 1 / 16 through 10 / 7 / 16

(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					
// /					
NONE					
// /					
// /					
// /					
// /					
// /					
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