

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tracy Truppmann

Name

(2) 791 NE 116th ST

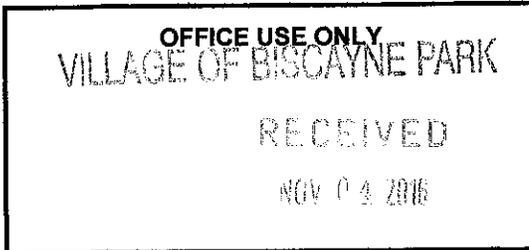
Address (number and street)

Biscayne Park, FL 33161

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____



(4) Check appropriate box(es):

Candidate Office Sought: Office of Commissioner, Village of Biscayne Park

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 10 / 22 / 2016 To 11 / 03 / 2016 Report Type: GB

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 0 . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . _____

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 720.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 693.20

(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) Tracy Truppmann

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

X _____
Signature

(Type name) Tracy Truppmann

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF BISCAYNE PARK
RECEIVED

(1) Name Tracy Truppman

(2) I.D. Number _____ NOV 04 2016

(3) Cover Period 10 / 22 / 2016 through 11 / 03 / 2016

(4) Page 2 of 3

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
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RECEIVED

NOV 04 2016

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tracy Truppman

(2) I.D. Number _____

(3) Cover Period 10 / 22 / 2016 through 11 / 03 / 2016

(4) Page 3 of 3

(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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