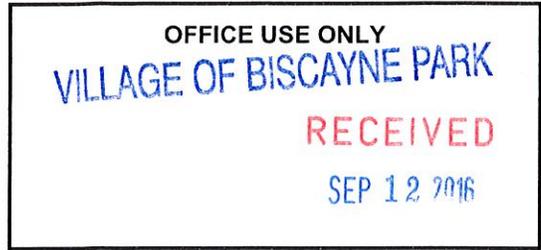


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRED JONAS
Name

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

BISCAYNE PARK FL 33161
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- 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 8 / 1 / 16 To 8 / 31 / 16 Report Type: MB

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , 1 , 000 . 00

Total Monetary \$ _____ , 1 , 000 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 270 . 00

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

Total Monetary \$ _____ , _____ , 270 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 270 . 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

RECEIVED

SEP 12 2016

(1) Name FRED JONAS (2) I.D. Number _____

(3) Cover Period 8 / 15 / 16 through 08 / 31 / 16 ~~9 / 12 / 16~~ (4) Page 1 of 1

| (5) Date | (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 | | | | |
| 8, 29, 16 | JONAS ARNOLD G 918 NE 119 ST BISCAYNE PARK FL 33161 | SELF | DOCTOR | LOAN | | | \$1000.00 |
| 1 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES **RECEIVED**

(1) Name FRGO JONAS

(2) I.D. Number SEP 12 2016

(3) Cover Period 8/15/16 through 9/12/16 ^{08/31/16}

(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 | | | | | |
| 8/30/16 | | | SIGN BAND | | \$250.00 |
| 1 | | | | | |
| 8/30/16 | | | REGISTRATION FEE | | \$20.00 |
| 2 | | | | | |
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