

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 11 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)

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 9 / 1 / 16 To 9 / 30 / 16 Report Type: M9

Original

Amendment

Special Election Report

(6) Contributions This Report *NONE*

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 15 . 00

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

Total Monetary \$ _____ , _____ , 15 . 00

(8) Other Distributions
\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date
\$ _____ , _____ , 000 . 0

(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 *Fred Jonas*
Signature

(Type name) FRED JONAS
 Candidate Chairperson (only for PC and PTY)

X *Fred Jonas*
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

RECEIVED

(1) Name FRED JONAS

(2) I.D. Number OCT 11 2016

(3) Cover Period 9 / 1 / 16 through 9 / 30 / 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				
/ /							
N/A							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

RECEIVED

(1) Name FRED JONAS

(2) I.D. Number OCT 11 2016

(3) Cover Period 9 / 1 / 16 through 9 / 30 / 16

(4) Page of

(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					
9/12/16	MIAMI SWITCH 1610 NE 203 PARR MIAMI FL 33179	CAP			15.00
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