

## CAMPAIGN TREASURER'S REPORT SUMMARY

**(1) Taxpayers Engaged**

Name \_\_\_\_\_

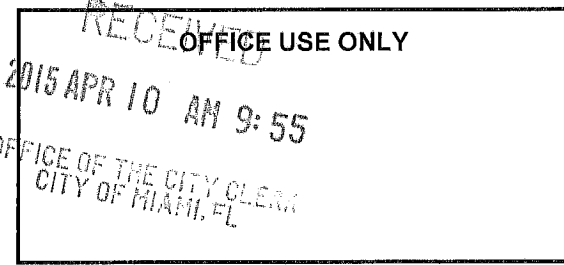
**(2) 2929 SW 3rd Avenue Ste 220**

Address (number and street) \_\_\_\_\_

Miami, FL 33129 \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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 03 / 01 / 2015 To 03 / 31 / 2015 Report Type: 2015 M-3

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ 2,000 .00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ 0.00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ 2,000 .00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ 0.00

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ 0.00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ 0.00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ 0.00

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ 2,000 .00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ 0.00

### (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) Christian Ulvert

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

**X**   
Signature

(Type name) Christian Ulvert

Candidate  Chairperson (only for PC and PTY)

**X**   
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Taxpayers Engaged (2) I.D. Number \_\_\_\_\_

(3) Cover Period 3/1/2015 / \_\_\_\_ / \_\_\_\_ through 3/31/2015 / \_\_\_\_ / \_\_\_\_ (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
3/10/2015 / / 1	Martin Z Margulies 05 Rev Trust 445 Grand Bay Drive, PH #1B Key Biscayne, FL 33149	B	Marina Owner	CHE			\$2,000.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

RECEIVED  
 2015 APR 10 AM 9:55  
 OFFICE OF THE CITY CLERK  
 CITY OF MIAMI, FL