CAMPAIGN TREASURER'S REPORT SUMMARY								
Name Name 101 S. E. BRAND HARD Name Address (number and street) A MIA DEACHTL 3300 City, State, Zip Code Check here if address has changed	RECEIVED DEC - 9 2015							
(4) Check appropriate box(es): Candidate								
(5) Report								
Cover Period: From 1 / 1 / 15 To 1 / 30 / 15 Report Type: 2015M V Original Amendment Special Election Report								
(6) Contributions This Report	(7) Expenditures This Report							
_ash & Checks \$, <u>550</u> . <u>©</u>	Monetary							
Loans \$, <u>1500</u>	Transfers to Office Account \$							
	(8) Other Distributions \$							
(9) TOTAL Monetary Contributions To Date \$,,	(10) TOTAL Monetary Expenditures To Date \$,,							
(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)	(Type name) HICK: S PRANDINARIE Chairperson (only for PC and PTY) Signature							
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS							

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS									
(1) Name CHICKIE DRANDINARIE (2) I.D. Number									
(3) Cover Period $101/15$ through $11/130/15$ (4) Page $1/15$ of $1/15$									
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
12,02,15	EMILIO BRAHDINA 10, S.E. 3R. AV. APPECHE BANIA 3.7L 33004	4	त टंडोकल्ल	CASH	LOAM		A500		
11,09,15	PATRICIA HART 517 NEUROPL DANIA BEACH FL 33004	4	REOLLAR	CHE			2509		
11,26,15	BARRYCLARSON III OF YEAR AVEN DANIA DEACH TL 33004	シ	REVIRE				50°		
11,26,15	Donewico De Lucy 915 Hollywood FL 33019		RESIGNA	CHE			250°		
11,18,15	BOD AJAMS P.O. BOX 1593 DANIA DEACH TC. 33004	\-\	·	17-	PENZ		50%		
1 1									
DS-DE 13 (Rev. 11/1	13)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES			

(1) Name (2) I.D. Number (2) I.D. Number									
(3) Cover Period Ab Ob 5 through Ab 30 1 b (4) Page of									
(5) Date (6) Sequence Number	(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)	(11)				
15/14/25 s	DANIA DEACH BROWN P.O. BOX 128 DANIABEACH, FL 33004	Ajverdising Mov. 2029 Egition CHECK WA	M.		\$ 75°°				
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