

CAMPAIGN TREASURER'S REPORT SUMMARY

CHRISTOPHER MONZON
27 ST
 (number and street)
SEAH, FL, 33013
 (City, State, Zip Code)

OFFICE USE ONLY
Needs Amendment
12/23/20
 DEC 18 20 11:14 AM

Check here if address has changed

(3) ID Number: _____

Check appropriate box(es):

- Candidate Office Sought: CITY COUNCIL (GROUP 7)
- 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 11 / 01 / 2020 To 11 / 30 / 2020 Report Type: _____

- Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 13 . 00

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

Total Monetary \$ _____ , _____ , 13 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 13 . 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) CHRISTOPHER MONZON
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

x Christopher Monzon
 Signature

(Type name) CHRISTOPHER MONZON
 Candidate Chairperson (only for PC and PTY)

x Christopher Monzon
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CHRISTOPHER MONZON

(2) I.D. Number DEC 10 20 11:14AM

(3) Cover Period 11 / 01 / 2020 through 11 / 30 / 2020

(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
11 / 30 / 2020	CHRISTOPHER MONZON 640 E 27 ST HIALEAH FL, 33013		BANK FEE		13.00
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