

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CHRISTOPHER MONZON  
Name

(2) 640 E 27 ST  
Address (number and street)  
MIAMI BEACH, FL 33013  
City, State, Zip Code

Check here if address has changed

**OFFICE USE ONLY**

MAY11 21 1:00PM

(3) ID Number: \_\_\_\_\_

(4) 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 04 / 01 / 21 To 09 / 30 / 21 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

\$ \_\_\_\_\_, \_\_\_\_\_, 100.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 78.00

### (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 MONSON (2) I.D. Number \_\_\_\_\_

(3) Cover Period 04/01/21 through 04/30/21 (4) Page 2 of 2

(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					
04/30/21	TD BANK 801 W 99 ST HALEAH FL 33018	BANK FEE	MON		13.00
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