

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

JUL 13 2021 2:27PM

(1) CHRISTOPHER MONZON
Name

(2) 1901 E 5TH AVE
Address (number and street)

HIACLEAH FL, 33013
City, State, Zip Code

Check here if address has changed

(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 06 / 01 / 2021 To 06 / 30 / 2021 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 200 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 200 . 00

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

\$ _____ , _____ , 300 . 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:

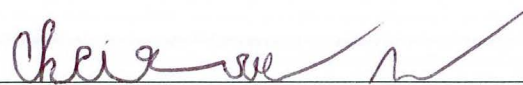
(Type name) CHRISTOPHER MONZON

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

X 
Signature

(Type name) CHRISTOPHER MONZON

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JUL13'21 2:27PM
8872

(1) Name CHRISTOPHER MONZON (2) I.D. Number _____

(3) Cover Period 06 / 01 / 21 through 06 / 30 / 21 (4) Page 2 of 2

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
06 / 15 / 2021 1	VINCENT MEDEL 330 MORNING SIDE DR. MIAMI-SPRINGS FL. 33166	I	RETIRED	CHE			100.00
06 / 19 / 2021 2	REILLY'S MARKET 202 STERRACE DR FLORENCE S.C 29506	B		CAS			100.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CHRISTOPHER MONZON

(2) I.D. Number _____

(3) Cover Period 06/01/21 through 06/30/21

(4) Page 3 of 3

(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					
06/28/21	T.D BANK 801 WEST 49 ST HIA LEAH, FL 33013	BANK FEE	MON		13.00
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