

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

16 OCT -4 AM 9:29

(1) Ann Henigson
Name

(2) 500 Three Islands Blvd.
Address (number and street)

Hallandale Beach, Florida 33009
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: City of Hallandale Beach-Commissioner's Seat
Seat No. 4- Date of Election: Nov. 8, 2016

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers Due: Oct. 7, 2016

Cover Period: From 09 17 2016 To 09 30 2016 Report Type: 2016 G3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 0 0 0 0
(NONE)

Loans (none) \$ 0 0 0 0 0

Total Monetary \$ 0 0 0 0 0

In-Kind (none) \$ 0 0 0 0 0

(7) Expenditures This Report

Monetary Expenditures \$ 12.00

Transfers to Office Account \$ 0 0 0 0 0
(None)

Total Monetary \$ 12.00

(8) Other Distributions (none)
\$ 0 0 0 0 0

(9) TOTAL Monetary Contributions To Date
\$1,200.00

(10) TOTAL Monetary Expenditures To Date
\$1,094.28

(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) Ann Henigson

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

X October 4, 2016

SIGNATURE Ann Henigson

(Type name) Ann Henigson

Candidate Chairperson (only for PC and PTY)

X October 4, 2016

Signature Ann Henigson

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ann Henigson

(2) I.D. Number -----

2016 G3 Report

Due: Oct. 7, 2016, 2016

(3) Cover Period 09 / 17 / 2016 through 09 / 30 / 2016

(4) Page 1 of 1

(Date of Election: Nov. 8, 2016)m Seat No. 4

(5) 2016 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	
	(NONE) No Contributions	N/A	N/A	N/A	N/A	n/A	N/A	
/ /								
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/ /								
TOTAL CONTRIBUTIONS.....							(NONE)	-0-

16 OCT -4 AM 9:30
 CITY CLERK

