

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ann Henigson
Name

(2) 500 Three Islands Blvd.
Address (number and street)
Hallandale Beach, Florida 33009
City, State, Zip Code

OFFICE USE ONLY

16 OCT 18 AM 10:08
CITY CLERK

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

- | | |
|--|--|
| <input type="checkbox"/> Political Committee (PC) | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Party Executive Committee (PTY) | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | |

(5) Report Identifiers Due: October 21, 2016
 Cover Period: From 10/08/2016 To 10/14/2016 Report Type: 2016 G5
 Original Amendment Special Election Report

(6) Contributions This Report

(one check)
 Cash & Checks \$ 200.00

Loans (none) \$ 0 0 0 0

Total Monetary \$ 200.00

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

(7) Expenditures This Report

Monetary Expenditures \$ 0 0 0 0
 (None)

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

Total Monetary \$ 0 0 0 0
 (None)

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

(9) TOTAL Monetary Contributions To Date
\$1,900.00

(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 18, 2016
 SIGNATURE Ann Henigson

(Type name) Ann Henigson
 Candidate Chairperson (only for PC and PTY)

X October 18, 2016
 Signature Ann Henigson

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Ann Henigson (2) I.D. Number -----
 2016 G5 Report 10/08/2016 through 10/14/2016 (4) Page of
 (3) Cover Period 10/08/2016 through 10/14/2016 (4) Page of
 (Date of Election: Nov. 8, 2016) Seat No. 4

(5) 2016 Date	(6) Sequence Number	(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
10 / 11 / 2016		Lawrence Berman formerly of AVENTURA moved to: century village of Pembroke Pines *(copy of campaign check from Lawrence Berman- attached. Deposited to campaign account at Sun Trust Bank on Oct. 11, 2016.	Check N/A	Advertising for campaign for Ann Henigson (for: Sun-Times- South Florida) (Additional money needed for advertising)	N/A	N/A	\$200.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>LAWRENCE A BERMAN 3601 NE 207th St Apt 1100 Aventura, FL 33180-3790</p> <p>Pay to the order of <u>Campaign Report of Ann Henigson</u> \$ 200.00 <u>Two Hundred</u> 00/100 Dollars</p> <p>WACHOVIA Member Since a Division of Wells Fargo Bank, N.A. For Dep. <u>Ann Henigson</u> <u>Lawrence A. Berman</u></p> </div> <div style="width: 45%; text-align: right;"> <p>COPY</p> <p>1037 53-643-870 BRANCH 2002</p> <p>15 OCT 18 AM 10:18 CITY CLERK</p> </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SUNTRUST</p> <p>Campaign Account</p> </div> <div style="width: 45%; text-align: right;"> <p>COPY</p> <p>Thank you for banking with SunTrust For Account # 400076031782576 SunTrust Bank 363737</p> <p>100 CHECK DEPOSIT Bus. Date 11Oct.2016 AM 394 TELL OVR 40007603 178257 6 200.00 TOTAL Transaction Date: 11Oct.2016 10153746</p> </div> </div>							
<p>This is your receipt showing bank data, time, type of account and amount. All deposits are credited to your account subject to verification and final payment. 101829 507</p>							
TOTAL CONTRIBUTIONS.....							\$200.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ann Henigson (2) I.D. Number -----
 2016 G 5 Report Due: October 21, 2016
 (3) Cover Period 10/08/2016 through 10/14/2016 (4) Page of
 (Date of Election: Nov. 8, 2016) Seat No. 4

(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 2016					
	NO Expenditures (NONE)	N/A	N/A	N/A	N/A
/ /					
/ /					
/ /					
/ /					
/ /					
	TOTAL EXPENDITURES.....				(NONE) -0-

15 OCT 18 AM 10:18
 OFFICE CLERK