FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY OF HALLANDALE
CITY CLERK
05 FEB 22 AM 10:46

OFFICE USE ONLY

(1) Eurides Betancourt
Name

(2) 401 SW 4 Ave. 11
Address (number and street)

Hallandale Beach Fl 33008
City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate (office sought): City Commissioner

☐ Political Committee — ☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence — ☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication — ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 1 / 1 / 05 To 2 / 14 / 05 Report Type F3

☑ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks $ 100.=

Loans $ _____

Total Monetary $ _____

In-Kind $ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures $ 100.=

Transfers to Office Account $ _____

Total Monetary $ _____

(8) Other Distributions

$ _____

(9) TOTAL Monetary Contributions To Date

$ _____

(10) TOTAL Monetary Expenditures To Date

$ _____

(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) Carla Corozzi

☐ Individual (only for electioneering commun.) ☑ Treasurer ☐ Deputy Treasurer

X Carla Corozzi
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Eurides Betancourt

☑ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X E Betancourt
Signature

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

CITY OF HALLANDALE
CITY CLERK
05 FEB 22 AM 10:46

(1) Name ENRIQUE BETANCOURT (2) I.D. Number _____

(3) Cover Period 1 / 01 / 05 through 2 / 14 / 05 (4) Page ____ of ____

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
1 / 10 / 05	ENRIQUE BETANCOURT	I	ACCOUNTANT	Cash			100.=
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ENRIQUE BETANCOURT (2) I.D. Number _____

CITY OF HALLANDALE
CITY CLERK
05 FEB 22 AM 10:47

(3) Cover Period 1 / 1 / 05 through 2 / 11 / 05 (4) Page _____ of _____

(5) Date / (6) Sequence Number	(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
1/18/05	DEGUSTATION FEE TO				50.=
1/25/05	OFFICE MAX				40.=
1/25/05	HOME DEPOT				10.=
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES