CITY OF HALLANDALE
CITY CLERK

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Margaret Schorr
Name

(2) 130 golden Isles Dr. #D
Address (Number and street)

Hallandale FL 33009
City, State, Zip Code

OFFICE USE ONLY

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number:

(4) Check appropriate box(es):

☒ Candidate (office sought): Jay Schorr (Mayor)

☐ 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 01 / 18 / 05 To 02 / 18 / 05 Report Type 63

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

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks $ 222.00

Loans $

Total Monetary $

In-Kind $

(7) EXPENDITURES THIS REPORT

Monetary Expenditures $ 222.00

Transfers to Office Account $

Total Monetary $

(8) Other Distributions $

(9) TOTAL Monetary Contributions To Date $ 222.00

(10) TOTAL Monetary Expenditures To Date $ 222.00

(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) Margaret Schorr

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

X Margaret Schorr
Signature

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

(Type name) Jay Schorr

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

X
Signature

DS-DE 12 (Rev. 08/04)

CITY OF HALLANDALE
CITY CLERK
05 FEB 24 PM 1:02

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jay Schorr (2) I.D. Number

(3) Cover Period 01 / 18 / 05 through 02 / 18 / 05 (4) Page 1 of 1

(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
01/18/05 / 1	Jay Schorr 130 golden Isles Dr. Hallandale FL 33009	1	Writer	~~Check~~ CAS			$222.00
/ /							
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/ /							
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DS-DE 13 (Rev. 08/03) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CITY OF HALLANDALE
CITY CLERK
05 FEB 24 PM 12:12

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jay Schorr (2) I.D. Number

(3) Cover Period 01 / 18 / 05 through 02 / 28 / 05 (4) Page 1 of 1

(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
01/18/05 1	City of Hallandale Beach	Filing Fee	DIS		172.00
01/18/05 2	City of Hallandale Beach	Filing Fee	DIS		50.00
/ /					
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DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES