

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY

**MARGATE
OCT 08 2019
QUALIFYING OFFICES**

(1) Thomas Ruzzano

Name

(2) 116 East Palm Drive

Address (number and street)

Margate, Florida, 33063

City, State, Zip Code

☐ **CHECK IF ADDRESS HAS CHANGED**

(3) **ID Number:** _____

(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** Margate City Commissioner, Seat #4

☐ **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 9 / 1 / 2019 To 9 / 31 / 2019 Report Type 2019 M9

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

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ \$0.00

Loans \$ _____ \$5,000.00

Total Monetary \$ _____ \$5,000.00

In-Kind \$ _____ \$0.00

(7) EXPENDITURES THIS REPORT

Monetary
Expenditures \$ _____ 0.00

Transfers to Office
Account \$ _____ 0.00

Total
Monetary \$ _____ 0.00

(8) **Other Distributions**
\$ _____ 0.00

(9) **TOTAL Monetary Contributions To Date**

\$ _____ 17,150.00

(10) **TOTAL Monetary Expenditures To Date**

\$ _____ 0.00

(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) Thomas Ruzzano

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

X _____

Signature

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

(Type name) Thomas Ruzzano

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

X _____

Signature

MARGATE

(2) I.D. Number _____

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