

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Arlene R. Schwartz  
 Name \_\_\_\_\_  
 (2) 7800 NW First Street  
 Address (number and street) \_\_\_\_\_  
 Margate, FL 33063  
 City, State, Zip Code \_\_\_\_\_

**MARGATE**  
**OFFICE USE ONLY**

**FEB 06 2020**

**QUALIFYING OFFICES**

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es): **Margate City Commission Seat 2**

Candidate Office Sought: \_\_\_\_\_  
 Political Committee (PC)  
 Electioneering Communications Org. (ECO)  
 Party Executive Committee (PTY)  
 Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded  
 Check here if PTY has disbanded  
 Check here if no other IE or EC reports will be filed

## (5) Report Identifiers

Cover Period: From 01 / 01 / 2020 To 01 / 31 / 2020 Report Type: 2020M1  
 Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks	\$ _____ , _____ , _____ . _____ 0
Loans	\$ _____ , _____ , _____ . _____ 0
Total Monetary	\$ _____ , _____ , _____ . _____ 0
In-Kind	\$ _____ , _____ , _____ . 85 . 00

### (7) Expenditures This Report

Monetary Expenditures	\$ _____ , _____ , _____ . 21 . 40
Transfers to Office Account	\$ _____ , _____ , _____ . _____ 0
Total Monetary	\$ _____ , _____ , _____ . 21 . 40

### (8) Other Distributions

\$ _____ , _____ , _____ . _____ 0
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### (9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 5 , 450 . 00
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### (10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 146 . 40
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### (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) Arlene R. Schwartz

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

X *Arlene R. Schwartz*  
 Signature

(Type name) Arlene R. Schwartz

Candidate     Chairperson (only for PC and PTY)

X *Arlene R. Schwartz*  
 Signature

## CAMPAIN TREASURER'S REPORT – ITEMIZED EXPENDITURES

**(1) Name** ARLENE R. SCHWARTZ

**(2) I.D. Number** \_\_\_\_\_

**(3) Cover Period** 01 / 01 / 2020 **through** 01 / 31 / 2020

(4) Page 1 FEB 06<sup>1</sup> 2020

FED of 06<sup>1</sup> 2020

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name ARLENE R. SCHWARTZ

(2) I.D. Number

(3) Cover Period 01 / 01 / 2020 through 01 / 31 / 2020 (4) Page 1 of 1

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QUALIFYING OFFICES

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
<u>01 / 14 / 2020</u>	<u>ARLENE SCHWARTZ</u> <u>7800 NW 1ST ST.</u> <u>MARGATE, FL 33063</u>	<u>S</u>		<u>INK</u>	<u>INK &amp; PAPER</u>		<u>\$ 85.00</u>
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