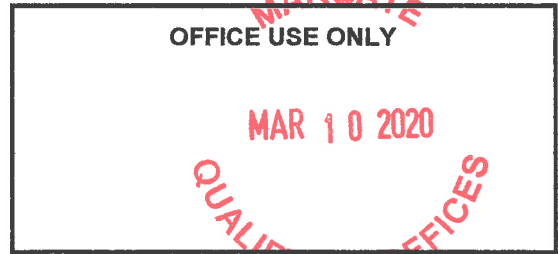


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tami Davis Tambarello
Name

(2) 380 A Lakewood Cir E.
Address (number and street)

Margate FL 33063
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Margate City Commissioner Seat 1

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 02 / 01 / 2020 To 02 / 29 / 2020 Report Type: 2020M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 100.00 , _____ . _____

Loans \$ 0 , _____ . _____

Total Monetary \$ _____ , _____ . _____

In-Kind \$ _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 0 , _____ . _____

Transfers to Office Account \$ _____ , _____ . _____

Total Monetary \$ _____ , _____ . _____

(8) Other Distributions

\$ 0 , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 100.00 , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 0 , _____ . _____

(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) Tami D. Tambarello

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

Tami D. Tambarello

X _____

Signature

(Type name) Tami D. Tambarello

Candidate Chairperson (only for PC and PTY)

Tami D. Tambarello

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name Tami Davis Tambarello (2) I.D. Number _____

(3) Cover Period 02 / 01 / 2020 through 02 / 29 / 2020 (4) Page _____ of _____

MAR 10 2020
QUALIFYING OFFICES

(5) Date	(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
(6) Sequence Number							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

MARGATE

(1) Name Tami Joanne Stankavicius (2) I.D. Number _____

(3) Cover Period 02/01/2020 through 02/29/2020 (4) Page _____ of MAR 10 2020

QUALIFYING OFFICES

(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
// /					
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