

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

OFFICE USE ONLY

MARGATE
MAY 07 2020
QUALIFYING OFFICES

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MARGATE CITY COMMISSION SEAT 2
 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 4 / 01 / 2020 To 4 / 30 / 2020 Report Type: 2020 M4
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$ <u>15.00</u>
Loans	\$ <u>0</u>
Total Monetary	\$ <u>15.00</u>
In-Kind	\$ <u>0</u>

(7) Expenditures This Report

Monetary Expenditures	\$ <u>0</u>
Transfers to Office Account	\$ <u>0</u>
Total Monetary	\$ <u>0</u>

(8) Other Distributions

\$ <u>0</u>

(9) TOTAL Monetary Contributions To Date

\$ <u>5.525.00</u>

(10) TOTAL Monetary Expenditures To Date

\$ <u>146.40</u>

(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

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name ARENE R. SCHWARTZ (2) I.D. Number _____(3) Cover Period 4/01/2020 through 4/30/2020 (4) Page 1 of 1 MAY 07 2020

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation				
4/01/20	BETTY McQUADE	I	RETIRED	CHE			\$75.00
1	6520 SW 5TH PLACE MARGATE, FL 33068						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ARLENE R. SCHWARTZ (2) I.D. Number _____(3) Cover Period 4/01/2020 through 4/30/2020 (4) Page 1 of 1 MARGATE

(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
/ /	NONE				
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