

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Alejandro Levy
 Name
10170 Collins Avenue #10
 Address (number and street)
Bal Harbour, FL 33154
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Councilman
 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 07 / 01 / 24 To 08 / 23 / 24 Report Type: G1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____
 Loans \$ _____ , _____ , 250 . 00
 Total Monetary \$ _____ , _____ , 250 . 00
 In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

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

(8) Other Distributions

\$ _____ , _____ , 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 250 . 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) Alejandro Levy
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X
 Signature


(Type name) Alejandro Levy
 Candidate Chairperson (only for PC and PTY)

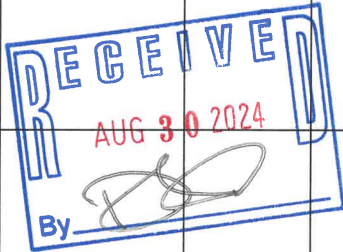
X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Alejandro Levy (2) I.D. Number _____

(3) Cover Period 07 / 01 / 24 through 08 / 23 / 24 (4) Page 1 of 1

(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		Type	Occupation	Type	Description		
08, 15, 24	Cheque for Sinjstoro Candidate for City of 3rd Labor		Candidate	Loan			250.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number _____

(3) Cover Period ____/____/____ through ____/____/____

(4) Page _____ of _____

(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
(6) Sequence Number					
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