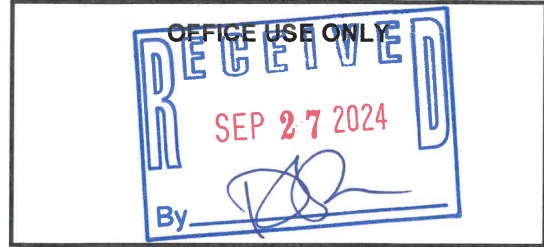


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Alejandro Levy
Name

(2) 1070 Collins Ave # 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 BAL Harbour D-4
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 09 / 07 / 2024 To 09 / 20 / 2024 Report Type: G3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . 10

Loans \$ _____ , _____ , _____ . 0

Total Monetary \$ _____ , _____ , _____ . 10

In-Kind \$ _____ , _____ , 500

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 10

Transfers to Office Account \$ _____ , _____ , _____ . 0

Total Monetary \$ _____ , _____ , _____ . 10

(8) Other Distributions

\$ _____ , _____ , _____ . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____ . 10

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ . 10

(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 EXPENDITURES

(1) Name Aleandro Levy

(2) I.D. Number _____

(3) Cover Period 09 / 07 / 24 through 09 / 20 / 24

(4) Page ¹ _____ of ¹ _____

(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					
09/18/24	*Brette Swinko The good Party (web site)	Political Analyst	Cheque		10 ⁰⁰
1					
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SEP 27 2024

By DL

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 09 / 07 / 24 through 09 / 20 / 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							
09, 18, 24	Arielle Stimko 1070 collins Ave # 10 Bsl Harbor FL 33109	I	Robbi	CHE			10
1							
09, 19, 24	Debra Stimko 6801 collins Ave MIAMI BEACH FL 33141	I	House wife	INX	300 Stamp Post cards		500
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

