

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY

MARGATE
SEP 10 2019
QUALIFYING OFFICES

(1) Thomas Ruzzano
Name

(2) 116 East Palm Drive
Address (number and street)

Margate, Florida, 33063

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Margate City Commissioner, Seat #4

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 8/1 / 2019 To 8/31 / 2019 Report Type 2019 M8

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ \$0.00

Loans \$ _____ \$0.00

Total Monetary \$ _____ \$0.00

In-Kind \$ _____ \$0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ 0.00

Transfers to Office Account \$ _____ 0.00

Total Monetary \$ _____ 0.00

(8) Other Distributions \$ _____ 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ 12,150.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 0.00

(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) Tommy Ruzzano
 Individual (only for electioneering comm.) Treasurer Deputy Treasurer

X _____
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Tommy Ruzzano
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name Thomas Ruzzano

(2) I.D. Number _____

(3) Cover Period 7/1/2019 ^{T2.} 8/1/19 through 7/31/2019 ^{T2.} 8/31/19

(4) Page SEP 10 2019 of 1

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		Type	Occupation	Type	Description	Amendment	Amount
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MIA

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Thomas Ruzzano

(2) I.D. Number _____

(3) Cover Period 7/17/2019 ^{TR.} / 19 through 7/31/2019 ^{TA.} / 19

(4) Page 1 of 1

MARGATE
SEP 10 2019

(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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		M.A.			
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