

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

OFFICE USE ONLY

MARGATE
DEC 10 2019
QUALIFIED OFFICES

(1) Thomas Ruzzano
Name

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

Margate, Fl. 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 11 / 1 / 2019 To 11 / 30 / 2019 Report Type 2019 M11

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(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

\$ _____ 17,150.00

(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) Thomas Ruzzano

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____
Signature

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

(Type name) Thomas 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 11/1/2019 / ____ / ____ through 11/30/2019 / ____ / ____

(4) Page 1 of 1

DEC 10 2019
QUALIFYING OFFICES

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

MARGATE

(1) Name Thomas Ruzzano

(2) I.D. Number _____

(3) Cover Period 11/1/2019 / _____ / _____ through 11/30/2019 / _____ / _____

(4) Page 1 of 1

DEC 10 2019

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
(6) Sequence Number					
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