

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lucy Kromholz  
Name

(2) 1402 NW 80<sup>th</sup> Ave Apt 504  
Address (number and street)

MARSHALL FL 33063  
City, State, Zip Code

OFFICE USE ONLY

DEC 08 2021

QUALIFYING OFFICES

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate    Office Sought: City Commissioner Seat 3
- 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 11 / 1 / 2021 To 11 / 30 / 2021 Report Type: 2021M11

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_ , \_\_\_\_\_ , 500.00

Loans    \$ \_\_\_\_\_ , 1,057.00

Total Monetary    \$ \_\_\_\_\_ , 1,557.00

In-Kind    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ 0

Transfers to Office Account    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ 0

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ 0

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 1,557.00

### (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) MILLIE LESTER

Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

M. Lester  
Signature

(Type name) Lucy Kromholz

Candidate     Chairperson (only for PC and PTY)

Lucy Kromholz  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS** MARGATE

(1) Name Lucy Kromholz

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 11/1/2021 through 11/30/2021

(4) Page 1 of 1

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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
11/09/21	PETER GUTIERREZ 69 LUDLOW ST APT 3 NY-NY-10027	I	Ret. Rtd	check			\$ 500. <sup>00</sup> /
1							
11/09/21	LUCY KROMBOLZ 1402 NW 80 AVE APT 504 MARGATE FL 33063	S	Charitable	LOA			\$ 1,059. <sup>00</sup> /
2							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							