

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **DAVID TABB**

Name _____

(2) **737 NE 7 AVE., APT. 6**

Address (number and street) _____

FORT LAUDERDALE, FL 33304

City, State, Zip Code _____

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: **FORT LAUDERDALE COMMISSION DISTRICT 2**

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

OFFICE USE ONLY

2015 JUN -8 PM 4:53
CITY CLERK

(5) Report Identifiers

Cover Period: From **3 / 30 / 2015** To **3 / 30 / 2015** Report Type: **2015 TR**

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ **1125.00** , _____

Total Monetary \$ **1125.00** , _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ **2538.35** , _____

Transfers to Office Account \$ _____

Total Monetary \$ **2538.35** , _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ **8075.00** , _____

(10) TOTAL Monetary Expenditures To Date

\$ **8075.00** , _____

(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) **DAVID TABB**

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

X 
Signature

(Type name) **DAVID TABB**

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID TABB (2) I.D. Number _____

(3) Cover Period 2/3 / 2/5 / 2015 through 3 / 10 / 2015 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
2 / 27 / 2015	1	DAVID TABB 737 NE 7 AVE FORT LAUDERDALE, FL 33304	S	ENTREPRENEUR	LOA			\$200.00
3 / 5 / 2015		DAVID TABB 737 NE 7 AVE FORT LAUDERDALE, FL 33304	S	ENTREPRENEUR	LOA			\$925.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID TABB

(2) I.D. Number _____

(3) Cover Period 3 / 25 / 2015 through 3 / 10 / 2015

(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					
3 / 2 / 2015	LCS MAILING SERVICES 5055 NE 13 AVE OAKLAND PARK, FL 33334	MAILING & PRINTING			
1			MON		\$1494.87
3 / 10 / 2015	LCS MAILING SERVICES 5055 NE 13 AVE OAKLAND PARK, FL 33334	MAILING & PRINTING			
2			MON		\$1043.50