

# CAMPAIGN TREASURER'S REPORT SUMMARY

HARBORVILLE  
RECEIVED

(1) David Alldum  
Name

(2) 9930 Collins Avenue #16  
Address (number and street)

BAL Harbour, FL 33154  
City, State, Zip Code

OFFICE USE ONLY

2016 AUG 18 AM 11:02

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate    Office Sought: \_\_\_\_\_

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 9 / 1 / 16 To 9 / 30 / 16 Report Type: mq

Original     Amendment     Special Election Report

**(6) Contributions This Report**

Cash & Checks    \$ 0 , 0 , 0 . 0

Loans    \$ 0 , 0 , 0 . 0

Total Monetary    \$ 0 , 0 , 0 . 0

In-Kind    \$ 0 , 0 , 0 . 0

**(7) Expenditures This Report**

Monetary Expenditures    \$ 0 , 0 , 0 . 0

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

Total Monetary    \$ 0 , 0 , 0 . 0

**(8) Other Distributions**

\$ 0 , 0 , 0 . 0

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , 16 , 100 . 00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ , 5 , 113 . 66

### (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 Alldum

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

David Alldum

X \_\_\_\_\_

Signature

(Type name) David Alldum

Candidate     Chairperson (only for PC and PTY)

David Alldum

X \_\_\_\_\_

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name David Akbom (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 1 / 16 through 9 / 30 / 16 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9)	(10)	(11)	(12)
			Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name David Albdorn

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

(3) Cover Period 9/1/16 through 9/30/16

(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					
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