

CAMPAIGN TREASURER'S REPORT SUMMARY

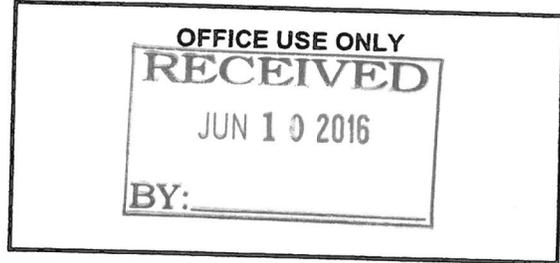
(1) Maryann E Polizzi
Name

(2) 1529 S Palmway
Address (number and street)

Lakewood, FL 33460
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____



(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner District 4
- 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 05/01/16 To 05/31/16 Report Type: M5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 100.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, 100.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 40.21

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 40.21

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 100.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 40.21

(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:

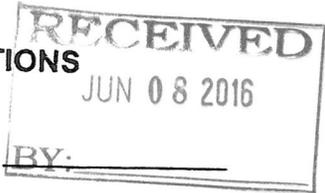
(Type name) Alan M Heyman
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Alan M. Heyman
Signature

(Type name) Maryann E Polizzi
 Candidate Chairperson (only for PC and PTY)

X Maryann E Polizzi
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS



(1) Name Maryann E Polizzi Campaign Account (2) I.D. Number _____

(3) Cover Period 05 / 01 / 16 through 05 / 31 / 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) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
<u>05/12/16</u>	<u>1</u>	<u>Laurie Schaefer</u> <u>8418 Hampstead</u> <u>Affton, MO</u> <u>83123</u>	<u>I</u>		<u>Cas</u>			<u>100⁰⁰</u>
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 BY: _____

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Maryann E Polizzi Campaign Account (2) I.D. Number _____
 (3) Cover Period 05/01/16 through 05/31/16 (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
05/25/16 1	Vista Print.com 275 Wyman Street Waltham, MA 02451	Business Cards	CAN		40. ⁰⁰
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