CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MARYANN E. POLIZZI
Name

(2) 1529 S. PALMWAY
Address (number and street)
LAKE WORTH, FLORIDA 33460
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
PAID
AUG - 5 2016
BY: .....

(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 06 / 01 / 16 To 06 / 30 / 16 Report Type: M6

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , ___ . ___
Loans	$ ___ , ___ , 200 . 00
Total Monetary	$ ___ , ___ , 200 00
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 25 . 00
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 25 . 00

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , ___ , 300 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 65 . 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) MARYANN E. POLIZZI
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer
X Maryann Polizzi
Signature

(Type name) MARYANN E. POLIZZI
☑ Candidate ☐ Chairperson (only for PC and PTY)
X Maryann E. Polizzi
Signature

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AUG - 5 2016
BY: .....

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Maryann Polizzi Campaign Acct **(2) I.D. Number** _____

(3) Cover Period 06 / 01 / 16 through 06 / 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) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
06 / 13 / 16 2	Polizzi, Maryann. 1529 S. Palmway Lake Worth, FL 33460	I		LOA		ADD	100.00
/ / 							
/ / 							
/ / 							
/ / 							
/ / 							
/ / 							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

PAID
AUG - 5 2016

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Maryann Tolizzi Campaign Acct (2) I.D. Number _____

(3) Cover Period 06/01/16 through 06/30/16 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
06/10/16 / 1	PNC BANK 412 LUCERNE AV Lake Worth, FL 33460	Correction of overstated Service Charge	MON	Del	35.00
06/10/16 / 2	PNC Bank 412 LUCERNE AV Lake Worth, FL 33460	Correction of overstated Service Charge	MON	Add	25.00
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES