

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lisa Mallozzi
Name

(2) [REDACTED]
Address (number and street)
Cooper City FL 33328
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

09-08-14 P01:39 IN

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SEP 08 2014

(3) ID Number: City of Cooper City

(4) Check appropriate box(es):

- Candidate Office Sought: Cooper City Commissioner 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

(5) Report Identifiers

Cover Period: From 6 / 1 / 14 To 9 / 8 / 14 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 200 . 00

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 200 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 200 . 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) KAREN ANCONA

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

X Karen Ancona
Signature

(Type name) LISA MALLOZZI

Candidate Chairperson (only for PC and PTY)

X Lisa Mallozzi
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lisa Mallozzi (2) I.D. Number _____

(3) Cover Period 6 / 1 / 14 through 9 / 8 / 14 (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
6 / 18 / 14	Mallozzi, Lisa [REDACTED] Cooper City FL 33328	I Cand.	Commissioner Dist. 2	LOA			150.00
1							
6 / 18 / 14	Mallozzi, Lisa [REDACTED] Cooper City FL 33328	I Cand.	Commissioner Dist. 2	LOA			50.00
2							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lisa Mallozzi (2) I.D. Number _____

(3) Cover Period 6 / 1 / 14 through 9 / 8 / 14 (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
6/18/14 1	City of Cooper City 9090 SW 50th Place Cooper City FL 33328	Election Qualifying Fee	MON		160.00
9/5/14 2	Lisa Mallozzi, [REDACTED] Cooper City FL 33328	Loan Reimb.	RMB		40.00
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