

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) GERALD E. DEAN

Name

(2) 726 NW 1ST COURT

Address (number and street)

HALLANDALE BEACH, FL. 33009

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: City Commissioner, Seat 1

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

CITY OF HALLANDALE
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(5) Report Identifiers

Cover Period: From 10 / 04 / 14 To 10 / 17 / 14 Report Type: G6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 280 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 91 . 44

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ 4 , 230 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ 2 , 603 . 30

(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) GERALD E. DEAN

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

X Gerald E. Dean
Signature

(Type name) Gerald E. Dean

Candidate Chairperson (only for PC and PTY)

X Gerald E. Dean
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name GERALD E. DEAN

(2) I.D. Number _____

(3) Cover Period 10 / 04 / 14 through 10 / 17 / 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) Sequence Number					
10 / 06 / 14 01	FIREHOUSE SUBS HALLANDALE BCH, FL	FOOD FOR WORKERS	CHE		40.83
10 / 06 / 14 02	SHELL STATION SHELL HALLANDALE BCH	FUEL	CHE		30.00
10 / 07 / 14 03	FEDEXOFFICE HOLLYWOOD, FL	OFFICE	CHE		20.61

CITY OF HALLANDALE
 CITY CLERK
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name GERALD E. DEAN (2) I.D. Number _____

(3) Cover Period 10 / 04 / 14 through 10 / 17 / 14 (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				
10 / 04 / 14	01	PHYLLIS CARSON 302 NW 10th ST HALLANDALE BEACH, FL	I		CHE			30.00
10 / 09 / 14	02	IBEW PAC VOLUNTARY FUND 900 SEVENTH ST. N.W. WASHINGTON, D.C. 2001	B		CHE			250

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 CITY CLERK
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Rec'd 10/24/14

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) GERALD E. DEAN

Name

(2) 726 NW 1ST COURT

Address (number and street)

HALLANDALE BEACH, FL. 33009

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

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CITY OF HALLANDALE
CITY CLERK

(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 10 / 04 / 14 To 10 / 17 / 14 Report Type: _____

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 280 . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 91 . 44

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 4 , 230 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 2 . 603.3

(11) Certification

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I certify that I have examined this report and it is true, correct, and complete:

(Type name) GERALD E. DEAN

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

X Gerald E. Dean
Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name GERALD E. DEAN

(2) I.D. Number _____

(3) Cover Period 10 / 04 / 14 through 10 / 17 / 14

(4) Page 1 of 1

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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