

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joshua Levy
Name

(2) 3709 S. Longfellow Circle
Address (number and street)

Hollywood, FL 33021
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

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 02 / 01 / 2020 To 02 / 29 / 2020 Report Type: 2020-M2

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , , .

Loans \$ 0 , , .

Total Monetary \$ 0 , , .

In-Kind \$ 0 , , .

(7) Expenditures This Report

Monetary Expenditures \$ 0 , , .

Transfers to Office Account \$ 0 , , .

Total Monetary \$ 0 , , .

(8) Other Distributions

\$ 0 , , .

(9) TOTAL Monetary Contributions To Date

\$, 7 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 106 . 19

(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) Joshua Levy

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

X

Signature

(Type name) Joshua Levy

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joshua Levy (2) I.D. Number _____

(3) Cover Period 02 / 01 / 2020 through 02 / 29 / 2020 (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
/ /	None						
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joshua Levy

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 2020 through 02 / 29 / 2020

(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					
/ /	None				
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