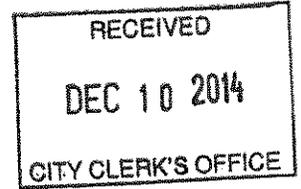


FLORIDA DEPARTMENT OF STATE - DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY



(1) NAME: JERRY FADGEN FOR MAYOR (3) I.D. NUMBER: N/A

(2) ADDRESS: 21 EAST ACRE DR., PLANTATION, FL 33317

(4) CHECK APPROPRIATE BOX(ES):

XXX	CANDIDATE (OFFICE SOUGHT): MAYOR	
-----	POLITICAL COMMITTEE	CHECK IF PC HAS DISBANDED
-----	COMMITTEE OF CONTINUING EXISTENCE	CHECK IF CCE HAS DISBANDED
-----	PARTY EXECUTIVE COMMITTEE	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
-----	ELECTIONEERING COMMUNICATION	

(5) REPORT IDENTIFIERS

COVER PERIOD: 11-01-14 THROUGH 11-30-14 REPORT TYPE: NOVEMBER

XXX ORIGINAL	AMENDMENT	SPECIAL ELECTION REPORT	INDEPENDENT EXPENDITURE REPORT
-----	-----	-----	-----

(6) CONTRIBUTIONS THIS REPORT

CASH & CHECKS	\$0.00
LOANS	\$0.00
TOTAL MONETARY	\$0.00
IN-KIND	\$0.00

(7) EXPENDITURES THIS REPORT

MONETARY EXPENDITURES	\$196.00
TRANSFER TO OFFICE ACCOUNT	\$0.00
TOTAL MONETARY	\$196.00

(8) OTHER DISTRIBUTIONS \$0.00

(9) TOTAL MONETARY CONTRIBUTIONS TO DATE \$6,250.00

(10) TOTAL MONETARY EXPENDITURES TO DATE \$422.50

(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.

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT, AND COMPLETE.

KRISTOFOR KILKELLY

JERRY FADGEN

NAME OF XXX TREASURER DEPUTY TREASURER

NAME OF CANDIDATE XXX CHAIRMAN (PC/PT ONLY)

XX SIGNATURE

XX SIGNATURE

Received
DEC 10 2014
Office of City Clerk

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) NAME: JERRY FADGEN FOR MAYOR

(2) I.D. NUMBER: N/A

(3) COVER PERIOD: 11-01-14 THROUGH 11-30-14

(4) PAGE: 1 OF 1

(5) DATE/ (6) SEQ. NO.	(7) NAME, ADDRESS, ZIP	(8) TYPE/ OCCUPATION IF > \$100	(9) CONTRI- BUTION TYPE	(10) IN-KIND DESCRIP- TION	(11) AMEND- MENT	(12) AMOUNT
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) NAME: JERRY FADGEN FOR MAYOR

(2) I.D. NUMBER: N/A

(3) COVER PERIOD: 11-01-14 THROUGH 11-30-14

(4) PAGE: 1 OF 1

(5) DATE/ (6) SEQ. NO.	(7) NAME, ADDRESS, ZIP	(8) PURPOSE	(9) EXPEN- DITURE TYPE	(10) AMEND- MENT	(11) AMOUNT
11-21-14 1	US POSTMASTER 7580 NW 5TH STREET PLANTATION, FL 33317	POSTAGE	CHE		196.00