

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **MICHAEL TAUSSIG**

Name

(2) **129 N.W. 73rd AVE**

Address (number and street)

PLANTATION, FL. 33317

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY
RECEIVED

OCT 13 2016

CITY CLERK'S OFFICE

(4) Check appropriate box(es):

Candidate Office Sought: **PLANTATION CITY COUNCIL GROUP 3**

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 **9/1/16** To **10/7/16** Report Type: **G4**

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ **15,000** —

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ **1,258** ¹⁷

Transfers to Office Account \$ _____

Total Monetary \$ **1,258** ¹⁷

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ **15,750** —

(10) TOTAL Monetary Expenditures To Date

\$ **1,806** ¹⁷

(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) **MICHAEL TAUSSIG**

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

[Signature]
Signature

(Type name) **MICHAEL TAUSSIG**

Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL TAUSSIG CAMPAIGN

(2) I.D. Number _____

(3) Cover Period 9, 1, 16 through 10, 7, 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
9, 26, 16	MICHAEL F. TAUSSIG	S	CAN	LOA			15,000-
2							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL TAUSSIG CAMPAIGN

(2) I.D. Number _____

(3) Cover Period 9, 1, 16 through 10, 7, 16

(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
9/12/16 1	PLANTATION WOMENS CLUB.	PROGRAM AD	CAN		\$75
9/29/16 2	KILIANIS CLUB of PLANTATION	PROGRAM AD	CAN		\$50
10/15/16 3	USPS	POSTAGE	CHE		\$1133 ¹⁷
11					
11					
11					
11					
11					