

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jason Joffe
 Name
 (2) 2761 NE 47th Street
 Address (number and street)
Lighthouse Point, FL 33064
 City, State, Zip Code

OFFICE USE ONLY

Received

NMS

JAN 10 2022

9:05AM

Lighthouse Point
 City Clerk's Office

Check here if address has changed

(3) ID Number: _____

(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 12 / 01 / 21 To 12 / 31 / 21 Report Type: M12

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , .

Loans \$, , 200 . 00

Total Monetary \$, , .

In-Kind \$, , .

(9) TOTAL Monetary Contributions To Date

\$, , 200 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , .

Transfers to Office Account \$, , .

Total Monetary \$, , .

(8) Other Distributions

\$, , .

(10) TOTAL Monetary Expenditures To Date

\$, , .

(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) Brian Bell

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

X

Signature

(Type name) Jason Joffe

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jason Joffe (2) I.D. Number _____

(3) Cover Period 12 / 01 / 21 through 12 / 31 / 21 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Contributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
12 / 22 / 21	Joffe, Jason Daniel Joffe, Katherine Miller 2761 NE 47th Street Lighthouse Point, FL	S	Attorney	check LOA			\$200.00
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

Received
NMD
JAN 10 2022
9:05AM
Lighthouse Point
City Clerk's Office

CAMPAIN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jason Jaffe

(2) I.D. Number _____

(3) Cover Period 12/01/21 through 12/31/21

(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)	(11)
(6) Sequence Number					
/ /		None			
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