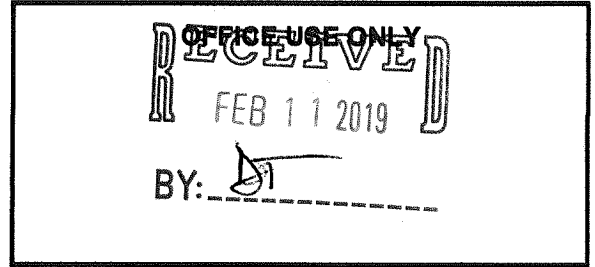


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Melissa Cipriano
Name

(2) exempt
Address (number and street)
Coral Springs, FL 33076
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City Commissioner Seat 2
- 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 1 / 1 / 19 To 1 / 31 / 19 Report Type: 2019M01

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 255.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, 255.00

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 0.00

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 255.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 0.00

(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) Melissa Cipriano

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

[Signature]
Signature

(Type name) Melissa Cipriano

Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Melissa Cupriano (2) I.D. Number _____

(3) Cover Period 1 / 1 / 19 through 1 / 31 / 19 (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
(6) Sequence Number							
1, 9, 19	Carol Hawk 611 Peterson Farm Ct River Vale, NJ 07675	I		CHE			50 ⁰⁰
1							
1, 9, 19	Michael Fenick 10670 NW 48th St Coral Springs, FL 33076	I		CHE			50 ⁰⁰
2							
1, 9, 19	Marisa Cidoni 4964 NW 64th Dr. Coral Springs, FL 33067	I		CHE			25 ⁰⁰
3							
1, 10, 19	Christie Dandy 2318 NW 193rd Ave Pembroke Pines, FL 33029	I		CHE			25 ⁰⁰
4							
1, 10, 19	Dikla Miller 4840 NW 103rd way Coral Springs, FL 33076	I		CHE			30 ⁰⁰
5							
1, 11, 19	Randi Battle 4613 NW 100th Terr Coral Springs, FL 33076	I		CHE			25 ⁰⁰
6							
1, 12, 19	Charles Morley 10938 55th St Suck Lake Worth, FL 33449			CHE			50 ⁰⁰
7							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Melissa Cipriano

(2) I.D. Number _____

(3) Cover Period 1/1/19 through 1/31/19

(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					
/ /					
/ /					
/ /					
/ /					
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/ /					
/ /					