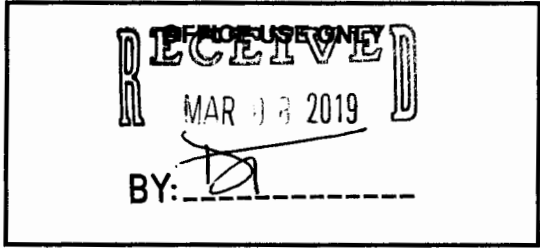


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mark Gendal
 Name
 (2) 12606 N.W. 6th Court
 Address (number and street)
Coral Springs, Florida 33071
 City, State, Zip Code



Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es): City Commission Seat
 Candidate Office Sought: _____
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 01 / 2019 To 02 / 28 / 2019 Report Type: M2
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____	,	_____	,	0	00
Loans	\$	_____	,	_____	,	100	00
Total Monetary	\$	_____	,	_____	,	100	00
In-Kind	\$	_____	,	_____	,	0	00

(7) Expenditures This Report

Monetary Expenditures	\$	0	,	_____	,	_____	00
Transfers to Office Account	\$	0	,	_____	,	_____	00
Total Monetary	\$	0	,	_____	,	_____	00

(8) Other Distributions
 \$ 0 _____ , _____ , _____ 00

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , _____ 100 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:

<p><u>Gary I. Handin</u> (Type name) <input type="checkbox"/> Individual (only for IE or electioneering comm.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><u>[Signature]</u> Signature</p>	<p><u>MARK Gendal</u> (Type name) <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Chairperson (only for PC and PTY)</p> <p><u>[Signature]</u> Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MARK GENDAL

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 2019 through 2 / 28 / 2019

(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
/ / 1	Mark Gendal 12606 NW 6th Court Coral Springs, FL. 33071		3F- repay loa		-\$100.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mark Gendal (2) I.D. Number _____

(3) Cover Period 02 / 01 / 2019 through 02 / 01 / 2019 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
01 / /	Mark Gendal 12606 NW 6th Court Coral Springs, FL. 33071	I	Optometrist	LOA			100.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							