

CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED

(1) ROGER ABRAMSON
Name

(2) 6450 COLLINS AVE.
Address (number and street)

MIAMI BEACH, FL. 33141
City, State, Zip Code

OFFICE USE ONLY
2014 JAN 30 PM 11:38
CITY CLERK'S OFFICE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MIAMI BEACH CITY COMMISSION Group III

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 111 011 13 To 021 031 2014 Report Type: TR-13

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

(7) Expenditures This Report

Monetary Expenditures \$ 0

Transfers to Office Account \$ 0

Total Monetary \$ 0

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions To Date
\$ 7811.00

(10) TOTAL Monetary Expenditures To Date
\$ 7811.00

(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) ROGER ABRAMSON

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

X [Signature]
Signature

(Type name) ROGER ABRAMSON

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS


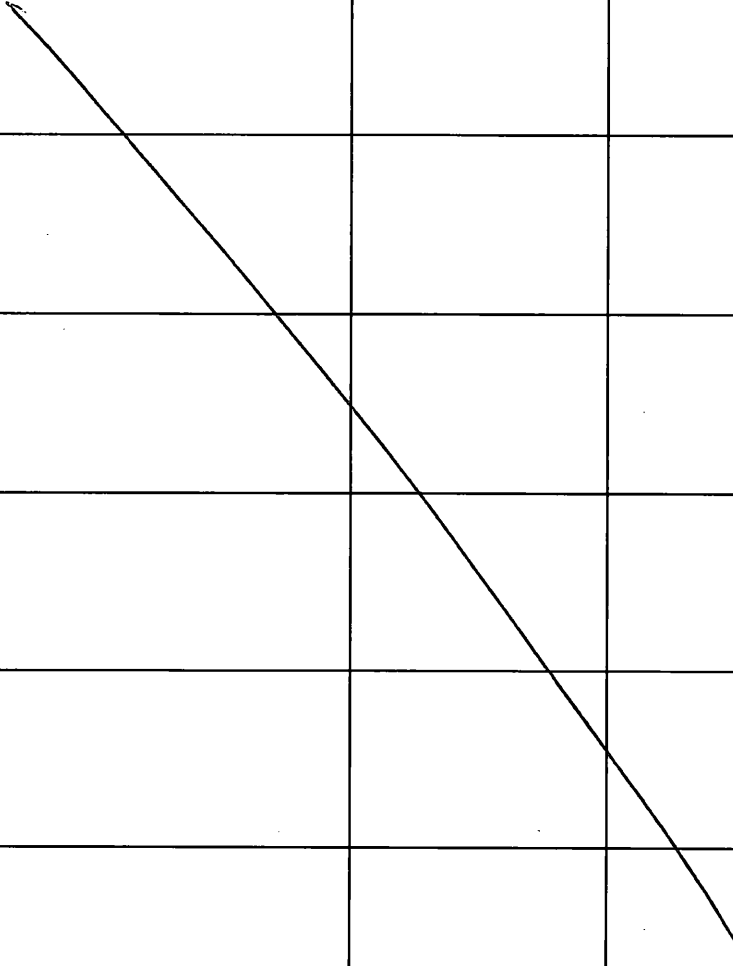
(1) Name ROGER ABRAMSON (2) I.D. Number _____

(3) Cover Period 11/01/13 through 2/3/2014 (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							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ROGER ABRAMSON (2) I.D. Number _____
 (3) Cover Period 11/01/13 through 02/3/2014 (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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