

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Alan Bebchik

Name

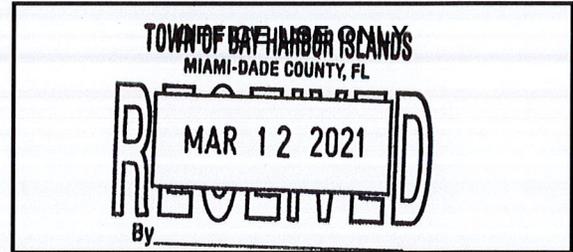
(2) 1331 98th St

Address (number and street)

Bay Harbor Islands

City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Bay Harbor Islands Town Council

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 02 / 27 / 2021 To 3 / 5 / 2021 Report Type: G4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 250.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 250.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 10.01

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 10.01

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 350.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 41.19

(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) Alan Bebchik

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

Signature Alan Bebchik
DocuSigned by: _____
A2F277827B6E484...

(Type name) Alan Bebchik

Candidate Chairperson (only for PC and PTY)

Signature Alan Bebchik
DocuSigned by: _____
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

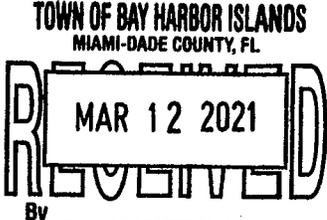
(1) Name Alan Bebchik (2) I.D. Number _____

(3) Cover Period 02 / 27 / 2021 through 3 / 5 / 2021 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(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
03 / 5 / 2021	G4-1	Sara Smith Jose Smith 887 N Shore Dr Miami Beach, FL, 33141	I	Attorney	CHE			\$250
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Alan Bechik

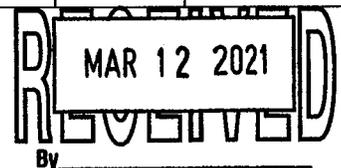
(2) I.D. Number _____

(3) Cover Period 02 / 27 / 2021 through 03 / 05 / 2021

(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
03 / 03 / 2021	Town of Bay Harbor Islands 9665 Bay Harbor Terrace Bay Harbor Islands, FL 3315	Qualifying Fee	CAN		\$10.01
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TOWN OF BAY HARBOR ISLANDS
MIAMI-DADE COUNTY, FL



By _____