

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert Yaffe
Name

(2) 1267 102 Street
Address (number and street)

Bay Harbor Islands FL 33154
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 2 / 12 / 23 To 2 / 25 / 23 Report Type: 63

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 2, 000. 00

Loans \$ _____, _____, 100. 00

Total Monetary \$ _____, _____, _____.

In-Kind \$ _____, _____, _____.

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 10. 01

Transfers to Office Account \$ _____, _____, _____.

Total Monetary \$ _____, _____, _____.

(8) Other Distributions

\$ _____, _____, 10. 01

(9) TOTAL Monetary Contributions To Date

\$ _____, 2, 100. 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 10. 01

(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) Robert Yaffe

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

X [Signature]
Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

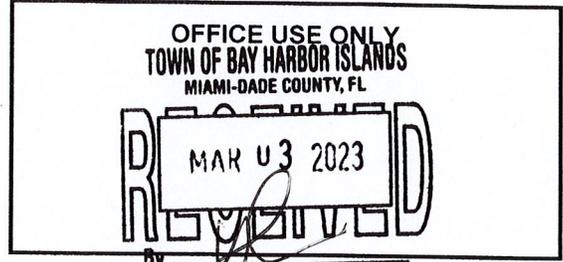
X [Signature]
Signature

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(6) Contributions This Report

Cash & Checks \$ _____, 2,000.00

Loans \$ _____, _____, 100.00

Total Monetary \$ _____, _____, _____.

In-Kind \$ _____, _____, _____.

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 10.01

Transfers to Office Account \$ _____, _____, _____.

Total Monetary \$ _____, _____, 10.01

(8) Other Distributions

\$ _____, _____, _____.

(9) TOTAL Monetary Contributions To Date

\$ _____, 3,100.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 10.01

(11) Certification

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I certify that I have examined this report and it is true, correct, and complete:

(Type name) Robert Yaffe

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

X [Signature]
Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Robert Yaffe (2) I.D. Number _____

(3) Cover Period 2 / 12 / 23 through 2 / 25 / 23 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
2 / 16 / 23 G3-1	Robert Yaffe 1267 102 St Bay Harbor Is R 33154	S		LOA			100.00
2 / 24 / 23 G3-2	Art + Tech Dev. LLC 1111 Kane Lane Bay Harbor Is. R 33154	B	Developer	CHE			1,000.00
2 / 24 / 23 G3-3	Bercow Redell Fernandez Alarcon 200 S. Biscayne Blvd # 850 Miami FL 33131		Law Firm	CHE			1,000.00
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Robert Yaffe (2) I.D. Number _____
 (3) Cover Period 2 / 12 / 23 through 2 / 25 / 23 (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					
2/23/23	Town of Bay Harbor Fsi 9665 Bay Harbor Tower Bay Harbor Island, FL 33154	Qualifying Fee	CFE		10.00
63-1					
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