

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL SCHARF
Name

(2) 225 DUNBAR ROAD
Address (number and street)

PALM BEACH, FL 33480
City, State, Zip Code

OFFICE USE ONLY

RECEIVED
2014 AUG 11 16:38 TOWN CLERK

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: TOWN COUNCIL PALM BEACH GROUP 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 07 / 01 / 2014 To 07 / 31 / 2014 Report Type: M7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 100.00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 100.00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 69.00

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

Total Monetary \$ _____ , _____ , 69.00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 69.00

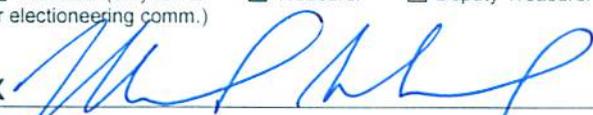
(11) Certification

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) MICHAEL SCHARF

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

X 

Signature

(Type name) MICHAEL SCHARF

Candidate Chairperson (only for PC and PTY)

X 

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS AUG 11 16:39 TWN CLERK

(1) Name MICHAEL SCHARF (2) I.D. Number _____

(3) Cover Period 07 / 01 / 2014 through 07 / 31 / 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		Type	Occupation	Type	Description		Amount
<u>07 / 25 / 2014</u> <u>01</u>	<u>SCHARF, MICHAEL JAY 225 DUNBAR RD. PALM BEACH, FL 33480</u>	<u>1</u>	<u>RETIRED</u>	<u>CAS</u>			<u>\$100.00</u>
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MICHAEL SCHARF (2) I.D. Number _____

(3) Cover Period 07 / 01 / 2014 through 07 / 31 / 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
07/26/2014 01	BANK OF AMERICA 140 N. COUNTY RD. PALM BEACH, FL 33480	CAMPAIGN BANK ACCOUNT	BANK SUPPLIES		\$ 69.00
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