		BECEIVED.							
	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	BERNARD KORN	OFFICE USE ONLY 3: 32							
(2)	Name 170 NORTHEAST 2nd STREET - 601	CITY CO BOYCE NATION							
	Address (number and street) BOCA RATON FLORIDA 33429								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:							
(4)	Check appropriate box(es):								
		N CITY MAYOR							
	<ul> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
(5) Report Identifiers									
Cover Period: From 07 / 01 / 2022 To 07 / 31 / 2022 Report Type: M 7									
✓ Original									
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$,,,	Monetary Expenditures \$,,,							
Loan	s \$, <u>500.00</u>	Transfers to Office Account \$ , , , , , , , , , , , , , , , , , ,							
Total Monetary \$,									
In-Kind \$,, <u>O</u> . <u>oo</u>		Total Monetary \$ , , oo							
		(8) Other Distributions \$,,							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>3</u> , <u>900. 00</u>	\$, <u></u> , <u></u> , <u></u> O <u>oo</u> _							
	(11) Cert It is a first degree misdemeanor for any pers	ification on 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:									
	ype name) BERNARD KORN	(Type name) BERNARD KORN							
	Individual (only for IE  Treasurer Deputy Treasurer electione-ring comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
	R 6 / 1/	Ralin							
X	gnature	x Ded for							
Ol	griature	Signature							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BERNARD KORN (2) I.D. Number									
(3) Cover Period 0 7 / 0 1 /2022 through 0 7 / 3 1 / 2022 (4) Page 1 of 1									
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)		
07,27 2022	KOAN, BERNARD 170 NE 2 0 STREET BOCA RATON F 633429			LOA	- costipion	+	\$500		
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES									