

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bart M. Novack
 Name

(2) 15670 Cedar Grove Lane
 Address (number and street)
Wellington, Florida 33414
 City, State, Zip Code

OFFICE USE ONLY

10-13-15P01:28 RCVD

Check here if address has changed

(3) ID Number: 00000

(4) Check appropriate box(es):

Candidate Office Sought: Wellington Village Council, Seat 4

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 09/01/15 / ____ / ____ To 09/30/15 / ____ / ____ Report Type: M9

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , ____ , ____ . ____

Loans \$ 200.00 , ____ , ____ . ____

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

\$ 200.00 , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 0 , ____ , ____ . ____

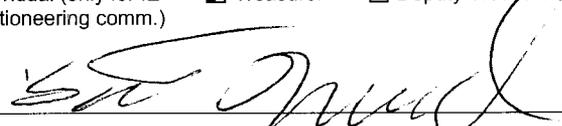
(11) Certification

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) Bart M. Novack

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

X 
 Signature

(Type name) Bart M. Novack

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BART M.NOVACK (2) I.D. Number 00000

(3) Cover Period 09/01/15 / / through 09/30/15 / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
9.15.15 1	Bart M Novack 15670 Cedar Grove Ln Wellington, FL 33414		I Truckee LOA				200 ⁰⁰
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bart M. Novack

(2) I.D. Number 00000

(3) Cover Period 09/01/15 / / through 09/30/15 / /

(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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