

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bob Margolis
657 Juniper Place
Wellington FL 33414



9590 9401 0028 5071 7097 96

2. Article Number (Transfer from service label)

7015 0640 0005 7035 7521

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Bob Margolis

Agent
 Addressee

B. Received by (Printed Name)

Linda Margolis

C. Date of Delivery

JUN 11 2015

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

mail
mail Restricted Delivery
0)

Domestic Return Receipt

7015 0640 0005 7035 7521

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

T. Rogers

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$ *3.45*

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ *2.80*
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$ *0.48*

Total Postage and Fees

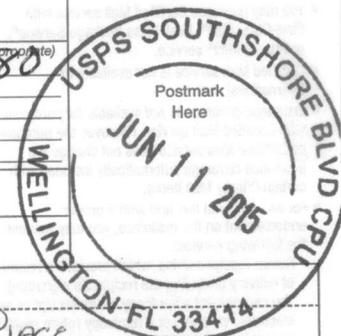
\$ *6.73*

Sent To

Bob Margolis

657 Juniper Place

Wellington FL 33414



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Council

Bob Margolis, Mayor
John Greene, Vice Mayor
Matt Willhite, Councilman
Anne Gerwig, Councilwoman
John T. McGovern, Councilman

Manager
Paul Schofield

Dear Candidate/Campaign Treasurer:

This office is in receipt of your Campaign Treasurer's Report for the period covering 5/1/15 – 5/31/15. In accordance with Section 106.07(2) (b), Florida Statutes, you are hereby notified that the report dated 6/10/15 is incomplete. The report was accepted on a conditional basis.

The report is incomplete for the following reasons:

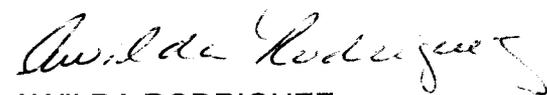
Campaign Treasurer's Report- Itemized Expenditures

(6) Sequence Number is not listed

The numbers listed correspond to the numbered sections on the report and only sections with incomplete information are listed:

You have 7 days from receipt of this notice to file an addendum to the report providing all information necessary to complete the report. The campaign treasurer is responsible for the accuracy and completeness of all financial reports. You may refer to your Candidate and Campaign Treasurer Handbook for instructions on filing amendments, disposal of surplus funds, filing your termination report and other frequently asked questions. **FAILURE TO FILE A COMPLETE REPORT AFTER THIS NOTICE CONSTITUTES A VIOLATION OF CHAPTER 106, FLORIDA STATUTES.**

Respectfully submitted,



AWILDA RODRIGUEZ
Village Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert Margolis
Name

(2) 657 Juniper Pl
Address (number and street)
Wellington, Fl 33414
City, State, Zip Code

OFFICE USE ONLY

06-08-15 P09:39 IN

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

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 05 / 01 / 15 To 05 / 31 / 15 Report Type: 2015 M5

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 100 . 00

Total Monetary \$ _____ , _____ , 100 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 31 . 12

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

Total Monetary \$ _____ , _____ , 31 . 12

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 31 . 12

(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) Linda Margolis

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

x Linda Margolis
Signature

(Type name) Robert Margolis

Candidate Chairperson (only for PC and PTY)

x Robert Margolis
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 05 / 01 / 15 through 05 / 31 / 15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
05/18/15 / /	Robert Margolis 657 Juniper Pl Wellington, Fl 33414	I	Mayor	Loan			100.00
001							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

(3) Cover Period 05 / 01 / 15 through 05 / 31 / 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					
0526 /15	Wells Fargo 2205 St Rd 7 Wellington, Fl 33414	Bank Charge	Mon		31.12
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					