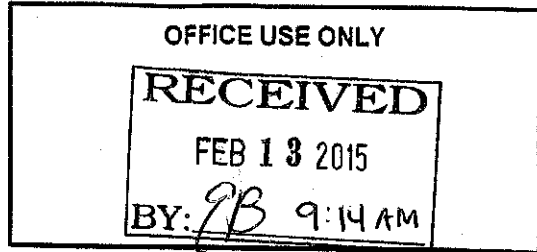


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tom Hasis
Name

(2) 3141 NE 27th Avenue
Address (number and street)
Lighthouse Point, FL 33064
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City Commission, Seat 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 2/1/2015 To 2/6/2015 Report Type: B4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

(7) Expenditures This Report

Monetary Expenditures \$ 0

Transfers to Office Account \$ 0

Total Monetary \$ 0

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 4,250.00

(10) TOTAL Monetary Expenditures To Date
\$ 2,498.45/100

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

X Thomas A. Hasis
Signature

(Type name) Thomas A. Hasis
 Candidate Chairperson (only for PC and PTY)

X Thomas A. Hasis
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Tom HASUS (2) I.D. Number _____

(3) Cover Period 2/1/2015 through 2/6/2015 (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
/ /							
1							
/ /							
/ /							
/ /							
/ /							
/ /							

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 BY: JB 9:14 AM

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Tom Nasir (2) I.D. Number _____

(3) Cover Period 2/1/2015 through 2/6/2015 (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					
1/1					
2					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

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