CAMPAIGN TREASURER	R'S REPORT SUMMARYRDALE
C. F. (I. J. J. Cit. Commission F	2071 IIII -OFFICE ONLY
(1) Steven Glassman for Fort Lauderdale City Commission L.  Name	CITY CLERK'S OFFICE
(2) 2821 N Ocean Blvd Apt 1001	CIT CLEIN DOTTE
Address (number and street)	
Fort Lauderdale, FL 33308	a. a. ta Barane
City, State, Zip Code	
Check here if address has changed	(3) I.D. Number: <u>00000</u>
(4) Check appropriate box(es):	
X Candidate (office sought): Fort Lauderdale City Comm	ission District 2
	ck here if PC or ECO has disbanded
Election pering Communications Org. (ECO)	
Party Executive Committee (PTY)	ck here if PTY has disbanded
Independent Expenditure (IE) (also covers an Che	ck here if no other IE or EC reports will be filed
individual making electioneering communications)	
(5) REPORT I	DENTIFIERS
Cover Period: From 06/15/2024 To 06/28/2024	Report Type: P2
Cover Period: From 06/15/2024 To 06/28/2024	Keport Type
X Original Amendment Special Elec	tion Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks\$1,450.00	Monetary \$13,559.20
Cash & Officials	Transfers to
Loans \$0.00	Office Account \$0.00
	010 550 00
Total Monetary\$1,450.00	Total Monetary\$13,559.20
\$0.00	(8) Other Distributions\$0.00_
In-Kind	
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date
\$355,432.00	\$44,351.24
(44) OEDT	IFICATION
(11) CERT	
It is a first degree misdemeanor for any person	on to faisily a public record (ss. 659.15, 1.5.)
I certify that I have examined this report and it is true, correct	and complete:
Alec Bogdanoff	Steven Glassman
Individual (only for IE br electioneeling don/mi[n.)	Candidate Chairman (only for PC and PTY)
electionee ing opnimum.)	SILO
X	X SFL XCL
Signature	Signature

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

00000 Steve Glassman for Fort Lauderdale City Commission District 2 (2) I.D. Number \_\_\_ (1) Name 1 of 1 (4) Page 06/15/2024 - 06/28/2024 (3) Cover Period (12)(11)(5) (8) (9) (10)(7) Date Full Name (Last, Suffix, First, Middle) Contributor In-kind (6) Contribution Street Address & City, State, Zip Code **Amount** Amendment Description Occupation Type Type Number \$ 100.00 CHE Retired 1 Bishopric, George 06/18/2024 520 NE10th Ave Fort Lauderdale, FL 33301-0000 1 \$ 100.00 CHE 1 Managing Santoni, Jack 06/21/2024 Director 612 Bayshore Dr Unit 901 Fort Lauderdale, FL 33304-0000 2 \$ 1000.00 1 CHE Attorney Rosenblum, Michael 06/27/2024 2131 Century Park Ln Ste 404 Los Angeles, CA 90067-0000 3 \$ 250.00 CHE 1 Attorney Berger, Mitchell 06/28/2024 201 E Las Olas Blvd Ste. 1500 Fort Lauderdale, FL 33301-0000 4

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

Steve Glassman for Fort Lauderdale City Commission District 2 (2) I.D. Number 00000 (1) Name 1 of 1 (4) Page 06/15/2024 - 06/28/2024 (3) Cover Period (11)(5) (10)(9) (8) (7) Date Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Purpose (6) Expenditure (add office sought if contribution to a candidate) Sequence Number **Amount** Amendment \$ 250.00 MON Nurmi Isles HOA Advertising 06/24/2024 PO Box 2046 Fort Lauderdale, FL 33303-0000 1 \$ 750.00 Videos MON **New River Strategies** 06/24/2024 419 SE 2nd Street Unit 2511 Fort Lauderdale, FL 33301-0000 2 \$ 12500.00 MON **Digital Ads** Political Consulting LLC 06/24/2024 21218 St. Andrews Blvd #704 Boca Raton, FL 33433-0000 3 \$ 59.20 MON **Processing Fee** Anedot 06/28/2024 1340 Poydras Street, Suite 1770 New Orleans, LA 70112-0000 4

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS**

(1) Name	Steve Glassman for Fort Lauderdale City Con	nmission District 2	(2) I.D. Number	00000	
(3) Cover Perio			(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date	Full Name				
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Related Expenditures	Amendment	Amount
	Nothing to report on the	his form			
		1			
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## **CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS**

(1) Name	ne Steve Glassman for Fort Lauderdale City Commission District 2		<u>t 2</u> (2) I.D. Nur	(2) I.D. Number 00000			
(3) Cover Perio				0 of 0			
(5)	(7)	(8)	(9)	(10)	(11)		
Date (6) Sequence Number	Name of Financial Institution Street Address & City, State, Zip Code	Transfer Type	Nature of Account	Amendment	Amount		
	Nothing to report on th	is form					