

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

RECEIVED
APR 28 PM 2:16
CNMB CITY CLERK'S OFFICE

(1) Hillel Hellinger
Name
(2) 1081 N.E. 975 St.
Address (number and street)
N.M.B. Fl. 33162
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): City Council Group 3

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 04, 15, 11 To 04, 29, 11 Report Type 64

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 40.00
Loans \$ 350.00
Total Monetary \$ 390.00
In-Kind \$ 101.61

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 40.00
Transfers to Office Account \$ —
Total Monetary \$ 40.00

(8) Other Distributions

\$ —

(9) TOTAL Monetary Contributions To Date

\$ 1,165.00

(10) TOTAL Monetary Expenditures To Date

\$ 796.50

(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) Hillel Hellinger

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Hillel Hellinger

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Hillel Helling (2) I.D. Number _____

(3) Cover Period 04.15.11 through 04.29.11 (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
04.15.11	Hillel Helling 1081 N.E. 1755 N.M.D. FL 33162	I		LOA Check			\$40.00
5							
04.15.11	Helling Trad. Co 1081 N.E. 1755 N.M.D. FL 33162				INK		101.61
6							
04.28.11	Hillel Helling 1081 N.E. 1755 N.M.D. FL 33162	I		LOA	LOA		350.00
7							
1 1							
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RECEIVED
 APR 28 PM 2:16
 CNMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Hilbert Helling

(2) I.D. Number _____

(3) Cover Period 04.15.11 through 04.29.11

(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					
04/15/11	Paul Yardenes	voters list	MON		\$ 40.00
05	surfside Florida				
11					
11					
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RECEIVED
 11 APR 28 PM 2:16
 CNMB CITY CLERK'S OFFICE

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Hillel Hellinger
Name
(2) 1081 N.E. 175 St
Address (number and street)
N.M.B. FL 33162
City, State, Zip Code

OFFICE USE ONLY
10 OCT 12 PM 3:30
COUNTY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): N.M.B. City Council Person Group 3
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 07/01/10 To 09/30/10 Report Type Q3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____
 Loans \$ 100.00
 Total Monetary \$ _____
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____
 Transfers to Office Account \$ _____
 Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 100.00

(10) TOTAL Monetary Expenditures To Date
 \$ 0.00

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Hillel Hellinger
 Individual (only for electioneering comm.) Treasurer Deputy Treasurer

(Type name) Hillel Hellinger
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Hillel Hellinger
Signature

X Hillel Hellinger
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Hillel Hellinger (2) I.D. Number _____
 (3) Cover Period 07, 01, 10 through 09, 30, 10 (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	Type	Description		Amount
09, 13, 10 1	Hillel Hellinger 1081 N. E 175 St N.M.B. FL 33162	I	Pharmacist	LOA			\$100
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 10 OCT 12 PM 3:40
 CAMBURY CLARKS #1102

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Hilbert Heltinger (2) I.D. Number _____
 (3) Cover Period 07, 01, 10 through 07, 30, 10 (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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<u>///</u>					

RECEIVED
 OCT 12 PM 3:40
 CAMPAIGN TREASURER'S OFFICE

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

RECEIVED

OFFICE USE ONLY
JAN 5 PM 4:30
OKMO CITY CLERK'S OFF

(1) Hillel Hellinger
Name
(2) 1081 N.E. 175 St.
Address (number and street)
N.M.B. FL 33162
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): N.M.B. City Council Person Group 3
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication
 CHECK IF PC HAS DISBANDED
 CHECK IF CCE HAS DISBANDED
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10/01/10 To 12/31/2010 Report Type Q4
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ —
 Loans \$ 250.00
 Total Monetary \$ —
 In-Kind \$ —

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 315.00
 Transfers to Office Account \$ —
 Total Monetary \$ 315.00

(8) Other Distributions
 \$ —

(9) TOTAL Monetary Contributions To Date
 \$ 350.00

(10) TOTAL Monetary Expenditures To Date
 \$ 315.00

(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) Hillel Hellinger
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
 Signature

I certify that I have examined this report and it is true, correct, and complete.
 (Type name) Hillel Hellinger
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
 Signature

CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS

(1) Name Hillel Hellinger (2) I.D. Number _____

(3) Cover Period 10 / 01 / 2010 through 12 / 31 / 2010 (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
11 / 12 / 10 1	Hellinger, Hillel 1081 N.E. 175 St N.M.B. Fl 33162	I		LOA			\$200.00
11 / 18 / 10 2	Hellinger, Hillel 1081 N.E. 175 St N.M.B. Fl 33162	I		LOA			\$50.00
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11 JAN -6 PM 4:30
GRAND CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Hillel Helling (2) I.D. Number _____
 (3) Cover Period 10, 01, 2010 through 12, 31, 2010 (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
11/16/10 01	Josephine Bisher 810 N.E. 173 Terrace N.M.B. FL 33162	artwork graphics	Mon		\$ 50.00
11/18/10 02	Murk V Press 140 N.E. 32nd St Oakland Park FL 3334	printing	Mon		\$ 265.00
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 1 JAN - 6 PM 4:30
 OKLAHOMA CITY CLERK'S OFFICE

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

RECEIVED
11 APR -1 PM 3:11
CAMD RPT CLERK'S OFFICE

OFFICE USE ONLY

(1) Hillel Hellinger
Name
(2) 1081 N.E. 175 St
Address (number and street)
N.M.D. FL. 33162
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): City Council Group 3
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee
- Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 01/01/11 To 3/31/11 Report Type 62

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ —

Loans \$ 425.00

Total Monetary \$ —

In-Kind \$ —

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 441.50

Transfers to Office Account \$ —

Total Monetary \$ 441.50

(8) Other Distributions

\$ —

(9) TOTAL Monetary Contributions To Date

\$ 775.00

(10) TOTAL Monetary Expenditures To Date

\$ 756.50

(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) Hillel Hellinger

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Hillel Hellinger

Candidate Chairperson (only for PC, PTV & electioneering commun. organization)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Hillel Hellinger (2) I.D. Number _____

(3) Cover Period 01/01/11 through 3/31/11 (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
3, 8, 11	Hellinger, Hillel 1081 N.E. 1755 N.M.B. Fl. 33162	I		LOA			\$ 275.00
3							
3, 21, 11	Hellinger, Hillel 1081 N.E. 1755 N.M.B. Fl. 33162	I		LOA			\$ 150.00
4							
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11 APR - 1 PM 3:11
CNMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Hilbert Kellinger (2) I.D. Number _____
 (3) Cover Period 01/01/11 through 3/31/11 (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
3/8/11 03	Mark V Presy 140 N.E. 32 nd St Oakland Park FL 33334	Printing	Mon		\$ 291.50
3/21/11 04	City of N.M.B. 17011 N.E. 19 th Ave N.M.B FL 33160	Qualifying Fee	Mon		\$ 150.00
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 11 APR - 1 PM 3:11
 CNMB CITY CLERK'S OFFICE

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

RECEIVED
OFFICE USE ONLY
APR 14 PM 3:34
CNMB CITY CLERK'S OFFICE

(1) Hillel Hellingner
Name

(2) 1081 N.E. 775 St
Address (number and street)

N.M.B. FL 33162
City, State, Zip Code

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): City Council Group 3

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 04.01.11 To 04.14.11 Report Type 63

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 775.00

(10) TOTAL Monetary Expenditures To Date
\$ 756.50

(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) Hillel Hellingner

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Hillel Hellingner

Candidate Chairperson (only for PC/PTY & electioneering commun. organization)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Hillel Kelling (2) I.D. Number _____
 (3) Cover Period 04, 01, 11 through 04, 14, 11 (4) Page _____ of _____

(5) Date	(6) Sequence Number	(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
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 11 APR 14 PM 3:34
 CNMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Hillel Hellinger (2) I.D. Number _____

(3) Cover Period 04/01/11 through 04/14/11 (4) Page _____ of _____

(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
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 11 APR 14 PM 3:34
 CNMB CITY CLERK'S OFFICE

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

RECEIVED
MAY 13 PM 3:00
CANDIDATE CLERK'S OFFICE

(1) Hillel Hellinger
Name
(2) 1081 N.E. 175 St
Address (number and street)
N.H.B. FL 33162
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): City Council Group 3
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 04, 30, 11 To 05, 12, 11 Report Type RGH
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ —
 Loans \$ 350.00
 Total Monetary \$ 350.00
 In-Kind \$ 365.70

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 295.00
 Transfers to Office Account \$ —
 Total Monetary \$ 295.00

(8) Other Distributions \$ —

(9) TOTAL Monetary Contributions To Date
 \$ ~~1,880.70~~ 1,515.70

(10) TOTAL Monetary Expenditures To Date
 \$ 1081.50

(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) Hillel Hellinger
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
 Signature Hillel Hellinger

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Hillel Hellinger
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
 Signature Hillel Hellinger

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Hillel Hellinger (2) I.D. Number _____

(3) Cover Period 04,30,11 through 5,12,11 (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
05,11,11	Hillel Hellinger 1081 N.E. 175th N.M.B. FL 33162	I		LOA			350.00
8							
05,12,11	Hillel Hellinger 1081 N.E. 175th N.M.B. FL 33162	I			INK		365.70
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RECEIVED
11 MAY 13 PM 3:00
 CNMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Julie Helge (2) I.D. Number _____
 (3) Cover Period 04, 30, 11 through 5, 12, 11 (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
05/03/11 06	Chaya Gottesfeld 1140 N.E. 176 St N.M.B. FL. 33162	Campaign worker			\$ 120.00
05/10/11 07	Nomi Kane 17300 N.E. 11 Ct N.M.B. FL. 33162	Campaign worker			\$ 95.00
05/10/11 08	Rozeli Silveira 980 N.E. 170 St Apt 210 N.M.B. FL. 33162	Campaign worker			\$ 80.00
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RECEIVED
 11 MAY 13 PM 3:00
 CNMB CITY CLERK'S OFFICE

RECEIVED
11 AUG 12 PM 1:45
CNMB CITY CLERK'S OFFICE

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Hillel Hellinger
Name
(2) 1081 NE 175 St.
Address (number and street)
N.M.B. FL 33162
City, State, Zip Code

OFFICE USE ONLY
(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED
(4) Check appropriate box(es):
 Candidate (office sought): N.M.B. City Council Person Group 3
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication
 CHECK IF PC HAS DISBANDED
 CHECK IF CCE HAS DISBANDED
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS
Cover Period: From 05/13/11 To 8/15/2011 Report Type TR
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT
Cash & Checks \$ 0
Loans \$ 0
Total Monetary \$ 0
In-Kind \$ 0

(7) EXPENDITURES THIS REPORT
Monetary Expenditures \$ 433.50
Transfers to Office Account \$ 0
Total Monetary \$ 433.50

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 1,515.00

(10) TOTAL Monetary Expenditures To Date
\$ 1,515.00

(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) Hillel Hellinger
 Individual (only for electioneering communication) Treasurer Deputy Treasurer
Hillel Hellinger
Signature

I certify that I have examined this report and it is true, correct, and complete.
(Type name) Hillel Hellinger
 Candidate Chairperson (only for RC, PTY & electioneering communication organization)
Hillel Hellinger
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Hillel Hellinger (2) I.D. Number _____

(3) Cover Period 5/13/11 through 8/15/2011 (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		
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RECEIVED
 AUG 12 PM 1:45
 CHINA CITY CLERK'S OFFICE

RECEIVED
11 AUG 12 PM 1:45
CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Hittel Helling (2) I.D. Number _____
 (3) Cover Period 05/17/11 through 8/15/2011 (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
05/17/11 991	Cesaire, Windsor 1351 N.E. 143rd St. N. Miami, FL 33161	Campaign worker			\$ 30.00
05/17/11 992	Toussaint, Pascal Edouard 1750 S Glades Dr Apt 5 N. Miami, FL 33162	Campaign worker			\$ 73.50
05/17/11 993	Saincelaire, Danny 16240 N.E. 7th Ave N.M.B. FL 33162	Campaign worker			\$ 53.50
05/17/11 994	Silveira, Rozelide 980 N.E. 170th St. 4210 N.M.B. FL 33162	Campaign worker			\$ 80.00
05/17/11 995	Frederick, David 380 N.W. 134th St North Miami, FL 33168	Campaign worker			\$ 80.00
05/17/11 996	McCausland, Aaron 3501 Magellan Circle Apt 35 Aventura FL 33180	Campaign worker			\$ 35.00
05/17/11 997	Kay, Esther 1221 N.E. 175th St N.M.B. FL 33162	Campaign worker			\$ 52.00
8/12/11	Hittel Helling 1081 N.E. 185th St N.M.B. FL 33162	Loan pay back			19.50