

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

(1) ROBERT W. LEIPZIG
Name

(2) 17257 NE 2ND COURT
Address (number and street)

16, MIA. DIST. 12 33162
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): City Council, 26, MIA. DIST. 12

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

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ENRICH CLERK'S OFFICE

(5) REPORT IDENTIFIERS

Cover Period: From 4/30/12 To 6/30/12 Report Type Q2

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 \$ 50

Transfers to Office Account \$ 0

Total Monetary \$ 50

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 0

(10) TOTAL Monetary Expenditures To Date

\$ 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) RICHARD H. READER

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Richard H. Reader
Signature

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

(Type name) ROBERT W. LEIPZIG

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

X Robert W. Leipzig
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ROBERT LEIPZIG (2) I.D. Number _____

(3) Cover Period 4, 30, 12 through 1, 6, 30, 12 (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					
4 / 28 / 12	FICTITIOUS NAMES CERTIFICATE	CORPORATE ACCOUNT	BUSINESS		\$50.00
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SAND CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name ROBERT LEIPZIG (2) I.D. Number _____

(3) Cover Period 7/1/12 through 9/30/12 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
① 8, 28, 12	JACK AZOU 16051 COLLINS RD SUNNY ISLES 33160 FLA PH 305 3602	I	RETL KSTRT	CHE	-	-	3625.00
② 8, 30, 12	PM TI MCCORMACK 16169 POPPYSEED CIR. GUMPTON DELRAY BEACH 33189	I	COMPUTER TECH	CHE	-	-	875.00
③ 7, 5, 12	ROBERT ZINN 6351 SW 134 PL. PINECREST 33156 FLA	I	LAWYER	CAS	-	-	610.00
④ 8, 20, 12	BRETTA CHARLEY 810 EUCLID AVE. 33139 MIAMI BEACH FLA	I	RETIRED	CHE	-	-	40.00
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 12 OCT 10 AM 11.38
 DMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ROBERT LEPPZIG

(2) I.D. Number _____

(3) Cover Period 7 1 1 12 through 9 30 12

(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					
7/13/12 ①	RICHARD REYDER LYNN REYDER 19826 NE 13 CT NW 33174 33177		PCS		\$62.00
7/30/12 ②	VISTA PRINT.COM		PCS		\$38.00
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY

13
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JAN 10 PM 4:53
CITY CLERK'S OFFICE

(1) ROBERT LEIPZIG
Name

(2) 17251 NE 24th CORN
Address (number and street)

NMB 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
- 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 10/1/12 To 12/31/12 Report Type Q4

- 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 \$ 121.00

Transfers to Office Account \$ 0

Total Monetary \$ 121.00

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions To Date
\$ 485

(10) TOTAL Monetary Expenditures To Date
\$ 221.00

(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) RICHARD H. REARDEN

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) ROBERT W. LEIPZIG

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10/1/12 through 12/31/12 (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	Amendment	Amount
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 13 JAN 10 PM 4: 54
 OHIO CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ronald W. Leiper

(2) I.D. Number _____

(3) Cover Period 10/1/12 through 12/31/12

(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
12/15/12	FRANKS ITA and PESTO 3960 HAWAIIAN TRAIL BLVD DENVER, CO 80202	DINNER	PCW		51.60
12/15/12	JACKSON Memorial Hosp Rehab Center Rm 146 1611 NW 12th Ave MIAMI FL 33136 1096	HEALTH	PCW		40.00
12/15/12	CLOVERLEAF VALERO 100 NW 167th ST MIAMI, FL 33162	GAS	PCW		30.00
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

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13 MAR 22 PM 4:55
DNRB CITY CLERK'S OFFICE

(1) ROBERT W. LEIPZIG
Name
(2) 17251 NE 2ND ST.
Address (number and street)
NM 3 FL 33162
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): CITY COUNCIL
 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 1 11 13 To 3 15 13 Report Type 61
 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
 \$ _____

(10) TOTAL Monetary Expenditures To Date
 \$ _____

(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) RICHARD READER
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
X Richard Reader
 Signature

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

(Type name) ROBERT W. LEIPZIG
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X Robert W. Leipzig
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Robert W. Leppay (2) I.D. Number _____

(3) Cover Period 1/1/13 through 3/22/13 (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
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CAMPBELL COUNTY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Robert W. Lepzki

(2) I.D. Number _____

(3) Cover Period 11/1/13 through 3/22/13

(4) Page 1 of 1

(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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