

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

RECEIVED  
13  
OFFICE USE ONLY  
9 PM 4:00  
DAND CITY CLERK'S OFFICE

(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): City Council Group 2  
 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 10.01.12 To 12.31.12 Report Type Q4  
 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 \$ 44.47  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ 44.47

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ 100.00

(10) TOTAL Monetary Expenditures To Date  
 \$ 44.47

**(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 comm.)  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 Hellinger (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10, 01, 12 through 12, 31, 12 (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						
12, 12, 12 001	Hellinger, Hillel 1081 NE 175 St N.M.B Fl 33162	I		LOA			\$100.00
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 13 JAN - 9 PM 4: 00  
 STATE CLERK'S OFFICE

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

(1) Name Hillel Helling

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10, 01, 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
(6) Sequence Number					
12/19/12	Board of County Comm	voter list	MON		23.50
001	2700 N.W 87 <sup>th</sup> Ave Orcutt, Florida 33172				
01/02/13	Copy Masters	Campaign printing	MON		20.97
002	1110 N.E. 16 <sup>th</sup> St N.M.D. FL 33162				
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13 JAN -9 PM 4:00  
EMMERT CLERK'S OFFICE

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

(1) Hillel Hellinger  
Name  
(2) 1081 N.E. 195 St  
Address (number and street)  
N.M.B. FL 33162  
City, State, Zip Code

RECEIVED  
OFFICE USE ONLY  
**13 MAR 12 PM 4:45**  
DMMB CITY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate (office sought): City Council Group 2
- 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 01/01/13 To 03/15/13 Report Type G1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ —

Loans \$ 360.00

Total Monetary \$ —

In-Kind \$ —

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 365.70

Transfers to Office Account \$ —

Total Monetary \$ 365.70

(8) Other Distributions \$ —

(9) TOTAL Monetary Contributions To Date  
\$ 460.00

(10) TOTAL Monetary Expenditures To Date  
\$ 410.17

**(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** 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 PC, PTY & electioneering commun. organization)

**X** Hillel Hellinger  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Hillel Hellinger (2) I.D. Number \_\_\_\_\_

(3) Cover Period 01, 01, 13 through 03, 15, 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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
02.05.13 002	Hillel Hellinger 1081 NE 175 St N.M.B. FL 33162	I		LOA			\$ 360.00
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RECEIVED  
13 MAR 12 PM 4:45  
CAMD CITY CLERK'S OFFICE

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

(1) Name Hillet Helling (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 01, 01, 13 through 03, 15, 13 (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					
02/10/13 003	Mark Five Pres, 140 N.E 32nd Ct Oakland Park FL 33334	Campaign Printing	MON		8 365.70
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 13 MAR 12 PM 4:45  
 TAMPA 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**

RECEIVED  
13 APR -4 PM 4:48  
CNMB CITY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): City Council Group 2  
 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 03,15,13 To 03,29,13 Report Type 62  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 130.00  
 Loans \$ 130.00  
 Total Monetary \$ \_\_\_\_\_  
 In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 150.00  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ 150.00

**(8) Other Distributions**  
 \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
 \$ 590.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 560.17

**(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 EXPENDITURES**

(1) Name Hilbert Kelling (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 03, 16, 13 through 03, 29, 13 (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
03/25/13	City of N.M.B. 17011 N.E. 14th N.M.B. FL 33162	filing fee	MON		150.00
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 13 APR - 4 PM 4:48  
 CNMB CITY CLERK'S OFFICE

# WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

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13 APR 17 PM 4: 30

OFFICE USE ONLY

Hillel Hellinger  
Name

City Council Group 2  
Office Sought

1081 N.E. 175 St  
Address

N.M.B. Fl. 33162  
City State Zip Code

- Candidate       Committee of Continuous Existence       Electioneering Communication Organization  
 Political Committee       Party Executive Committee

- Check box if address has changed since last report.       Check here if PC, CCE, or ECO has DISBANDED and will no longer file reports.

### TYPE OF REPORT (Check Appropriate Box)

- |                                  |   |  |  |
|----------------------------------|---|--|--|
| <b><u>QUARTERLY REPORTS</u></b>  | <b><u>PRIMARY ELECTION</u></b>          | <b><u>GENERAL ELECTION</u></b>                     |  |
| <input type="checkbox"/> January | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> 46th day prior            |  |
| <input type="checkbox"/> April   | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> 32nd day prior            |  |
| <input type="checkbox"/> July    | <input type="checkbox"/> 4th day prior  | <input checked="" type="checkbox"/> 18th day prior | <input type="checkbox"/> <b>TERMINATION REPORT</b> |
| <input type="checkbox"/> October |   | <input type="checkbox"/> 4th day prior             | <input type="checkbox"/> <b>SPECIAL ELECTION</b>   |

### NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

3/30/13 THROUGH 4/12/13  
Hillel Hellinger Hillel Hellinger  
Signature Signature  
April 12, 2013  
Date Date  
Hillel Hellinger Hillel Hellinger  
Signature Signature  
April 12, 2013  
Date Date

- SIGNATURES REQUIRED FOR:**
- Candidates:**  
Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
  - Political Committees:**  
Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
  - Committees of Continuous Existence and Electioneering Communication Organizations:**  
Treasurer (s. 106.04(4)(c), F.S.)
  - Party Executive Committees:**  
Treasurer and Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

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

RECEIVED  
13 MAY -2 PM 4: 31  
CAMB GIBLIN'S OFFICE

(1) Hillel Hellinger  
Name

(2) 1081 N.E. 175 St  
Address (number and street)

N.M.D. 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): Council Person Group 2

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 4, 1, 13, 13 To 5, 02, 13 Report Type 64

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ 400.00

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  
\$ 990.00

(10) TOTAL Monetary Expenditures To Date  
\$ 560.17

**(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 Hellinger (2) I.D. Number \_\_\_\_\_

(3) Cover Period 04, 13, 13 through 05, 02, 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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
05, 02, 13	Hillel Hellinger 1081 N.E. 155 St N.M.D. FL 33162			LOA			\$ 400.00
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RECEIVED  
13 MAY - 2 PM 4-31  
DNB CITY CLERK'S OFFICE

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

(1) Name Hillel Kellay  
 (3) Cover Period 04, 01, 19 through 05, 02, 19

(2) I.D. Number \_\_\_\_\_  
 (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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RECEIVED  
 19 MAY - 2 PM 4-31  
 CAMB CITY CLERK'S OFFICE

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

RECEIVED

OFFICE USE ONLY

13 MAY 17 PM 12:00

DNMB CITY CLERK'S OFFICE

(1) Hillet 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): City Council Group 2

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 05,03,13 To 05,16,13 Report Type R1

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    \$ 190.00

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary            \$ 190.00

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ 990.00

(10) TOTAL Monetary Expenditures To Date  
\$ 750.17

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

**X** [Signature]  
Signature



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

(1) Name Hillel Helling (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 05.02.12 through 05.16.13 (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
01017 May 7, 2012	Helling, Sander 900 172nd Ter N.M.B. FL 33167	gave out flyer			\$ 140
01015 May 7, 2012	Carroll, Mendel 1040 178 St. N.M.B. FL 33167	gave out flyer			\$ 50
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 13 MAY 17 PM 12:08  
 CAMPAIGN CLERK'S OFFICE

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

(1) Hillel Hellingner  
Name  
(2) 1081 N.E. 175 St.  
Address (number and Street)  
N.M.B. Fl. 33162  
City, State, Zip Code

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13 AUG -8 PM 4:42  
JANIS GILY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED (3) ID Number: \_\_\_\_\_  
(4) Check appropriate box(es):  
 Candidate (office sought): City Council Group 2  
 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 05/17/13 To 08/19/13 Report Type TR  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT  
Cash & Checks \$ 300.00  
Loans \$ -  
Total Monetary \$ -  
In-Kind \$ -

(7) EXPENDITURES THIS REPORT  
Monetary Expenditures \$ 539.83  
Transfers to Office Account \$ -  
Total Monetary \$ 539.83

(8) Other Distributions \$ -

(9) TOTAL Monetary Contributions To Date  
\$ 1290

(10) TOTAL Monetary Expenditures To Date  
\$ 4290

**(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  
 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)  
 Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Hillel Hellinger (2) I.D. Number \_\_\_\_\_

(3) Cover Period 05.17.13 through 08.19.13 (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	Amendment	Amount
5, 20, 13 005 <del>May 20, 2013</del>	Hellinger, Hillel 1001 N.E. 175th N.M.B. FL 33162			LOA			300.00
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13 AUG - 8 PM 4: 42  
SMB CITY CLERK'S OFFICE

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

(1) Name Hillel Helling

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 05.17.13 through 08.14.13

(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
01016 May 17, 2013	Mark V Press 140 N.E 32nd Ct Oakland FL 3334	Printing			238.50
01017 May 31, 2013	Francen Pierre 7616 Gronitula Dr Wesley Chapel FL 33545	Campaign worker			200.00
01018 May 17, 2013	BB + T 163rd St N.M.B. FL 33162	Bank Fee			10.00
01019 June 17, 2013	Hillel Helling 1081 N.E 175 St N.M.B FL 33162	Pay back loan			6.30
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13 AUG 8 PM 4:42  
CAMB BINT DEEN'S OFFICE