

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

Sandra Klova
01-27-14P01:24 RCVD

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Marta K. Olchyk

3. Address (include post office box or street, city, state, zip code)

*9341 Collins Ave #508
Surfside, FL 33154*

4. Telephone

(305) 867-5887

5. E-mail address

olchykm@aol.com

6. Office sought (include district, circuit, group number)

Commissioner, Surfside

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Marta Olchyk

11. Mailing Address

9341 Collins Ave #508

12. Telephone

(305) 867-5887

13. City

Surfside

14. County

Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

olchykm@aol.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

1/22/14

26. Signature of Candidate

Marta Olchyk

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, *MARTA OLCHYK*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/22/14
Date

Marta Olchyk
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

01-27-14 P01:24 KLV D

Sandra Novoa

I, *Marta Olchajt*,

candidate for the office of *Commissioner, Surfside*

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X *Marta Olchajt*
Signature of Candidate

1/22/14
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 18, 2014

RECEIPT OF DOCUMENTS

Candidate:

Marta

First Name

Middle Name

Olchyk

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.: *305-867-5887*

Fax No.:

Cell Phone:

E-Mail Address: *olchykom@aol.com*

This is to acknowledge my receipt of the following documents:

- Election Laws of the State of Florida (August 2013) – Digital Format (CD)
- Candidate and Campaign Treasurer Handbook (November 2013) – Digital Format (CD)
- Guide to the Sunshine Amendment and Code of Ethics (2012) – Digital Format (CD)
- Town of Surfside Ordinance Regarding Temporary Political Signs
- Miami Dade County Ordinance Regarding Political Signs
- Reporting Dates Schedule (Election Date: March 18, 2014)
- Town of Surfside Ordinance No. 2008-1493

Received by:

Marta Olchyk

Candidate Signature

Date:

1/27/2014

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

02-10-14P03:17 RCVD

(1) Marta Olchyk
Name

(2) 9341 Collins Ave #508
Address (number and street)

Lanside, FL 33154
City, State, Zip Code

Sandra Novoa.

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- 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 01 / 01 / 2014 To 01 / 31 / 2014 Report Type: January

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, _____

Loans \$ _____, _____, 200.00

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ 0, -, _____

Transfers to Office Account \$ 0, -, _____

Total Monetary \$ 0, -, _____

(8) Other Distributions

\$ 0, -, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 200.00

(10) TOTAL Monetary Expenditures To Date

\$ 0, -, _____

(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) MARTA OLCHYK

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

X Marta Olchyk
Signature

(Type name) MARTA OLCHYK

Candidate Chairperson (only for PC and PTY)

X Marta Olchyk
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 01/01/2014 through 01/31/2014 (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
01/31/2014	9341 Collins #508 Lansdale Marta Olechuk	I	Retired fed. employee	LOAN			200. ⁰⁰
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marta Olchyk (2) I.D. Number _____
 (3) Cover Period 01/01/2014 through 01/31/2014 (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
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DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED

by the **Mandatory Provisions** of the
Miami-Dade Ethical Campaign Practices Ordinance
Miami-Dade County Code at 2-11.1.1(C) (1)

The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (b) With actual malice publish, or cause to be published, by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged, by any means, any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; *or*
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, MARTA OLCHYK, a candidate for the office of

please print your name

Commissioner

elective office sought

in Dade Co.

county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x Marta Olchyk
Signature

2/11/14
Date



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 18, 2014

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

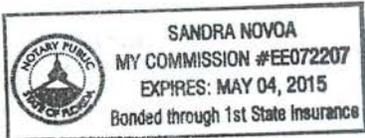
COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Marta Olchuff, that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of Surfside, Florida; that my address is 9341 Collins Ave #508, my occupation is Retired federal employee; that I have been a resident of the Town of Surfside since 2000; that I will be at least twenty-one (21) years of age by February 11, 2014 and that if elected, I will willingly serve as Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Marta Olchuff 2/11/14
Signature of Candidate Date

Sworn to and subscribed before me this 11 day of February, 2014.



[Signature]
NOTARY PUBLIC
Sandra Novoa
PRINTED NAME OF NOTARY

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

02-11-14A11:11 RCVD

Sandra Novoa

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, MARTA DLCHYK
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Commissioner, _____,
(office) (district #)
_____ ; I am a qualified elector of Miami Dade County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X Marta Dlachyk (305) 867-5887 dchykfm@aol.com
Signature of Candidate Telephone Number Email Address

9341 Collins Ave #508 FL 33154
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): _____

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

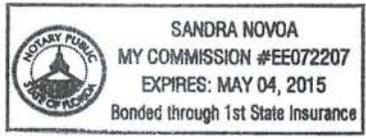
STATE OF FLORIDA
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 11 day of February, 20 14.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____



Sandra Novoa
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Marta Olech
Campaign Account

2/11/14

095

63-751/831 10777

Date

Pay to the
Order of

Tom of Surfside

\$ 25⁰⁰/_{xx}

Twenty Five ⁰⁰/_{xx}

Dollars



Security
Features
Details on
Back

© 2013 Wells Fargo Bank, N.A.



Wells Fargo Bank, N.A.
Florida
wellsfargo.com

For

Qualifying fee Marta Olech

⑆063107513⑆ 1468141203⑆ 00095



**TOWN OF SURFSIDE
Office of the Town Clerk**

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, CMC, Town Clerk

February 11, 2014

Ms. Rosy Pastrana
Miami-Dade Elections Department
2700 NW 87th Avenue
Miami, FL 33172

RE: VERIFICATION OF PETITION SIGNATURES – MARTA OLCHYK

Dear Ms. Pastrana:

Enclosed are the original petition forms for MARTA OLCHYK. This petition is for a candidate seeking to qualify for office in the TOWN OF SURFSIDE. The Town Charter, under section 101 requires the verification of 25 signatures in order for the petition to be sufficient. Please verify signatures in accordance with the Town of Surfside Charter.

MARTA OLCHYK: Filed intent to run for Commissioner on January 27, 2014.

The Town Charter, under section 101 requires the Town Clerk to notify the candidate within five days whether the required number of electors signed the petition.

Please return the original petition forms to us along with a certificate certifying the number of valid signatures.

Sincerely,

Sandra Novoa, CMC
Town Clerk



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2014 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Marta Oldryk
 Office Sought Commissioner
 Phone No.: 305-867-5887 Cell Phone No: _____
 E-Mail Address: oldrykm@aol.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>1/27/2014</u>	<u>MO</u>
Nominating Petition	<u>2/11/2014</u>	<u>MO</u>
Statement of Candidate	<u>1/27/2014</u>	<u>MO</u>
Sworn Statement of Qualification	<u>2/11/2014</u>	<u>MO</u>
Candidate Oath	<u>2/11/2014</u>	<u>MO</u>
Form 1 – Statement of Financial Interest (2012)	<u>W/A</u>	<u>N/A</u>
Declaration for Candidate Automatically Covered by MDC Ordinance 98-94 or Declaration for Candidates Not Automatically Covered by MDC Ordinance 98-94	<u>2/11/2014</u>	<u>MO</u>
Qualifying Fee \$25.00	<u>2/11/2014</u>	<u>MO</u>

**Proof of Residency
& Voter Registration**

2. Important Dates to Remember

1/27/2014

MR

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marta Olchyk
Name

(2) 9341 Collins Ave #508
Address (number and street)

Lansdale, FL 33154
City, State, Zip Code

OFFICE USE ONLY

02-19-14 P03:

P. Kuntala

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- 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 Feb 1 1 14 To Feb 14 1 14 Report Type: _____

- 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 \$ _____, _____, 25.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 25.00

(8) Other Distributions

\$ 0, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ 0, _____, _____

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 25.00

(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) _____

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

X Marta Olchyk
Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X Marta Olchyk
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sybilta Alechuk

(2) I.D. Number _____

(3) Cover Period 02, 1, 14 through 02, 14, 14

(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
2/16/14	Town of Surprise	qualifying fee	check		25.00
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02-19-14

02-19-14P03:41 RCVD

P. Kuntales

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02/1/14 through 02/14/14 (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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n/a

02-19-14P03:41 RCVD

P. Krutts

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marta Olchyk
Name

(2) 9341 Collins Ave #508
Address (number and street)

Surfside, FL 33154
City, State, Zip Code

OFFICE USE ONLY
03-03-14 P04:43 RCVD

Jandra Novak

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- 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 02/15/2014 To 03/07/2014 Report Type: 11 day
prior

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0, 00, 00

Loans \$ 0, 00, 00

Total Monetary \$ 0, 00, 00

In-Kind \$ 0, 00, 00

(7) Expenditures This Report

Monetary Expenditures \$ 0, 00, 00

Transfers to Office Account \$ 0, 00, 00

Total Monetary \$ 0, 00, 00

(8) Other Distributions

\$ 0, 00, 00

(9) TOTAL Monetary Contributions To Date

\$ ~~0~~, 00, 200.00

(10) TOTAL Monetary Expenditures To Date

\$ ~~0~~, 00, 25.00

(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) MARTA OLCHYK

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

X Marta Olchyk
Signature

(Type name) MARTA OLCHYK

Candidate Chairperson (only for PC and PTY)

X Marta Olchyk
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02/15/2014 through 03/07/2014 (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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N/A

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Marta Olchayk

I.D. Number _____

Address (number and street) 9341 Collins Ave #528

City, State, Zip Code Sunnyvale, FL 33154

CHECK IF ADDRESS HAS CHANGED

03-03-14P04:43 RCVD

Sandra Novoa

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11 days prior Cover Period 2/15/14 through 2/28/14

Report Type Original Amendment

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.

MARTA OLCZYK
(Type name) Treasurer Deputy Treasurer

X Marta Olchayk
Signature

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

MARTA OLCZYK
(Type name) Candidate

X Marta Olchayk
Signature

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Marta Olchyk

I.D. Number _____

Address (number and street)
9341 Collins Ave #508

City, State, Zip Code
Sunnyvale, FL 33154

CHECK IF ADDRESS HAS CHANGED

03-12-14P01:50 RCVD
Sandra Novoa

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 4 day prior Cover Period 3/01-3/13 through March 13/2014
Report Type Original Amendment

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.

MARTA OLCHYK
(Type name) Treasurer Deputy Treasurer

Marta Olchyk
Signature

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

MARTA OLCHYK
(Type name) Candidate

Marta Olchyk
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marta Olchyk
 Name
 (2) 9341 Collins Ave #508
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

03-12-14P01:50 RCVD

Andra Novoa

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

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 03 / 01 / 14 To 03 / 13 / 14 Report Type: 4 day
print

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

\$ _____, 7,200.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 25.00

(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) MARTA OLCHYK

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

X Marta Olchyk
 Signature

(Type name) MARTA OLCHYK

Candidate Chairperson (only for PC and PTY)

X Marta Olchyk
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marta Olech (2) I.D. Number _____
 (3) Cover Period 03/01/14 through 03/14/2014 (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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/ /			N/A			
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 03/01/14 through 03/14/2014 (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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