

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

(1) Cliff Webster
Name
 (2) PO Box 1077
Address (number and street)
Mims, FL 32754
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1029561]
 Submitted on:
 7/6/2011 19:47:50 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 306

(4) **Check appropriate box(es):**
 Candidate (office sought): Sheriff
 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 4/1/2011 To 6/30/2011 / Report Type Q2
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 125.00
 Loans \$ 0.00
 Total Monetary \$ 125.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 455.80
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 455.80

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 2,931.72

(10) TOTAL Monetary Expenditures To Date
 \$ 1,836.20

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Cliff Webster **(2) I.D. Number** 306
(3) Cover Period 4/1/2011 through 6/30/2011 **(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
4/19/2011 / /	Brevard Impact Group, po box 157 mims, fl 32754	B	n/a	CH	n/a		\$75.00
1							
6/8/2011 / /	Brevard Impact Group, po box 157 mims, fl 32754	B	n/a	CH	n/a		\$25.00
2							
6/8/2011 / /	Eberhart, jon 305 S. Washington Ave. Titusville, fl 32796	I	n/a	CH	n/a		\$25.00
3							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Cliff Webster

(2) I.D. Number 306

(3) Cover Period 4/1/2011 through 6/30/2011

(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
(6) Sequence Number					
5/24/2011 / /	Fine Line Printing & Graphics, 3700 S Hopkins Titusville, fl 32780	printing	MO		\$455.80
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