

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

(1) Isabel Wright  
Name  
(2) PO Box 100154  
Address (number and street)  
Palm Bay, FL 32910  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1033708]  
Submitted on:  
4/1/2012 19:35:16 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 350

(4) Check appropriate box(es):  
 Candidate (office sought): County Commissioner, District 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 1/1/2012 To 3/31/2012 Report Type Q1  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 150.00  
 Loans \$ 0.00  
 Total Monetary \$ 150.00  
 In-Kind \$ 50.00

**(7) EXPENDITURES THIS REPORT**

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

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 160.02

**(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.)**

<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><b>X</b> _____</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 &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
--	--

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Isabel Wright (2) I.D. Number 350  
 1/1/2012 3/31/2012  
 (3) Cover Period  / /  through  / /  (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
1/24/2012 / /	LOPEZ, TERESA 2129 ROYAL POINCIANA MELBOURNE, FL 32935	I	banker	CH			\$30.00
1							
1/24/2012 / /	LOPEZ, SAMUEL 2129 ROYAL POINCIANA MELBOURNE, FL 32935	I	retired	CH			\$30.00
2							
1/24/2012 / /	TIDD, AMY 1357 HERITAGE ACRES ROCKLEDGE, FL 32935	I		CH			\$25.00
3							
1/24/2012 / /	WRIGHT, CRISTINA ISABEL 474 HARVEY AVE NE PALM BAY, FL 32907	I	student	CA			\$20.00
4							
1/24/2012 / /	CARBALLO, NIVEA 1851 BASHAW ST PALM BAY, FL 32907	I	receptionist	CA			\$20.00
5							
1/24/2012 / /	JONES, LINDA BOX 734 COCOA, FL 32923	I	letter carrier	CH			\$25.00
6							
1/24/2012 / /	WRIGHT, CRISTINA 474 HARVEY AVE NE PALM BAY, FL 32907	I	student	IK	food for fundraiser		\$50.00
7							
/ /							

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

(1) Name Isabel Wright

(2) I.D. Number 350

(3) Cover Period 1/1/2012 through 3/31/2012

(4) Page 1 of 0

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					