

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

(1) Richard Ware  
Name  
(2) 2625 Driftwood Drive  
Address (number and street)  
Titusville, Fl 32780  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1033018]  
Submitted on:  
1/11/2012 09:05:37 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 395

(4) Check appropriate box(es):

- Candidate (office sought): County Commissioner, District 1
- 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 10/1/2011 To 12/31/2011 Report Type Q4

- Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>7.50</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>7.50</u>

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 2,000.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 7.50

**(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) \_\_\_\_\_

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_

Signature

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

(Type name) \_\_\_\_\_

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

**X** \_\_\_\_\_

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Richard Ware (2) I.D. Number 395

10/1/2011 through 12/31/2011

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

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

(1) Name Richard Ware

(2) I.D. Number 395

(3) Cover Period 10/1/2011 through 12/31/2011

(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					
12/19/2011 / /	Wells Fargo, PO Box 5190 Sioux Falls, SD 57117	bank account fee for last quarter	MO		\$7.50
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