

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

(1) Sam Edwards  
Name  
(2) 525 East Strawbridge Ave  
Address (number and street)  
Melbourne, FL 32901  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1042957]  
Submitted on:  
8/10/2012 15:22:22 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 443

(4) Check appropriate box(es):  
 Candidate (office sought): County Court Judge, Group 5  
 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 7/21/2012 To 8/9/2012 / / Report Type F3  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00  
 Loans \$ 350.00  
 Total Monetary \$ 350.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 181.79  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 181.79

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 8,750.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 7,571.37

**(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>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Sam Edwards **(2) I.D. Number** 443  
 7/21/2012 through 8/9/2012  
**(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
8/9/2012 / /	Edwards, Sam 525 East Strawbridge Ave Melbourne, FL 32901	0	loan	LO			\$350.00
1							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Sam Edwards

(2) I.D. Number 443

(3) Cover Period 7/21/2012 through 8/9/2012

(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
8/8/2012 / /	National Sign and Screen Print, 2840 Kirby Circle # 4 Palm Bay, FL 32905	signs	MO		\$156.77
1					
8/8/2012 / /	Lowe's Home Center, 2150 Minton Road West Melbourne, Fl 32904	lumber for signs	MO		\$25.02
2					
/ /					
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