

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

(1) Wayne H Poston  
**Name**  
 (2) 2425 Riverview Blvd  
**Address (number and street)**  
Bradenton, FL 34205  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1052319]  
 Submitted on:  
 2/1/2013 12:19:10 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 962

(4) **Check appropriate box(es):**  
 Candidate (office sought): CITY OF BRADENTON MAYOR  
 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 4/1/2012 To 6/30/2012 Report Type Q2  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 250.00  
 Loans \$ 0.00  
 Total Monetary \$ 250.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 26.00  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 26.00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 60,535.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 32,088.50

**(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 EXPENDITURES**

(1) Name Wayne H Poston

(2) I.D. Number 962

(3) Cover Period 4/1/2012 through 6/30/2012

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 4/25/2012<br>/ /          | Harland Clark Corp,<br>10931 Laureate Dr<br>San Antonio, TX 78249                              | checks   | MO                         | Add               | \$26.00        |
| 1                         |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |