

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

(1) Mark Ruben
Name
(2) 6710 W Country Club Ln
Address (number and street)
Sarasota, FL 34243
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1027250]
Submitted on:
1/31/2011 14:52:21 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 827

(4) Check appropriate box(es):
 Candidate (office sought): SOUTHERN MANATEE FIRE DIST - SEAT 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 10/9/2010 To 10/28/2010 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 442.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 442.00

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 1,200.00

(10) TOTAL Monetary Expenditures To Date
\$ 748.00

(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>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 Mark Ruben (2) I.D. Number 827

10/9/2010 through 10/28/2010

(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 Mark Ruben

(2) I.D. Number 827

(3) Cover Period 10/9/2010 through 10/28/2010

(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					
10/13/2010 / /	Artype, 3530 Work Dr Ft Myers, FL 33916	signs	MO		\$70.00
1					
10/13/2010 / /	Artype, 3530 Work Dr Ft Myers, FL 33916	signs	MO		\$372.00
2					
/ /					
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