

**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**  
[1027251]  
Submitted on:  
1/31/2011 14:53:35 (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 10/29/2010 To 1/31/2011 / Report Type TR

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 \$ 452.00  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 452.00

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

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

**(10) TOTAL Monetary Expenditures To Date**  
\$ 1,200.00

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

(1) Name Mark Ruben (2) I.D. Number 827

10/29/2010 through 1/31/2011

(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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/      /							
/      /							
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/      /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mark Ruben

(2) I.D. Number 827

(3) Cover Period 10/29/2010 through 1/31/2011

(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					
10/29/2010 / /	Artype, 3530 Work Dr Ft Myers, FL	signs	MO		\$361.00
1					
11/2/2010 / /	Ruben, Mark 6710 W Country Club Ln Sarasota, FL 34243	repayment of loan / campaign party	MO		\$91.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
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