

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

(1) Helen B. Williams
Name
 (2) 1401 NW 137th Street
Address (number and street)
Miami, FL 33167
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1031447]
 Submitted on:
 10/11/2011 14:24:49 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 996

(4) Check appropriate box(es):

- Candidate (office sought): Mayor 2012
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 7/1/2011 To 9/30/2011 / Report Type Q3-11

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

| | | |
|----------------|----|---------------|
| Cash & Checks | \$ | <u>200.00</u> |
| Loans | \$ | <u>0.00</u> |
| Total Monetary | \$ | <u>200.00</u> |
| In-Kind | \$ | <u>0.00</u> |

(7) EXPENDITURES THIS REPORT

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

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 400.00

(10) TOTAL Monetary Expenditures To Date
 \$ 0.00

(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 EXPENDITURES

(1) Name Helen B. Williams

(2) I.D. Number 996

(3) Cover Period 7/1/2011 through 9/30/2011

(4) Page 1 of 0

| (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 | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |