

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

(1) Bess L. McElroy  
Name

(2) 5301 NE 5 Avenue, Miami, FL 33137  
Address (number and street)

\_\_\_\_\_  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): County Commission 03

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 7/1/2006 To 7/28/2006 / Report Type F1-06

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 \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 65,790.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 36,322.42

**(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.

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(Type name)

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

(Type name)

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

Signature

**X**

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bess L. McElroy (2) I.D. Number 438

7/1/2006 through 7/28/2006

(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 Bess L. McElroy

(2) I.D. Number 438

(3) Cover Period 7/1/2006 through 7/28/2006

(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					
7/6/2006 / /	Shore Crest Home Owners Assoc., 3301 NE 5 Ave Miami, Fl 33137	souvenir journal	MO	Delete	\$125.00
1					
7/6/2006 / /	Shore Crest Home Owners Assoc., 3301 NE 5 Ave Miami, Fl 33137	advertisi ng	MO	Add	\$125.00
2					
/ /					
/ /					
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