

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

(1) Martin Luther Lampkin

**Name**

(2) 10235 SW 172 Street, Miami, FL 33157

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

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

(4) **Check appropriate box(es):**

Candidate (office sought): Community Council 14/143

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 8/12/2006 To 8/31/2006 / Report Type F3-06

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                      \$ \_\_\_\_\_ 300.00

**(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**

\$ \_\_\_\_\_ 133.00

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

\$ \_\_\_\_\_ 132.00

**(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

(Type name)

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

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

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Martin Luther Lampkin (2) I.D. Number 495

8/12/2006 through 8/31/2006

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
8/30/2006 / /	Lampkin, Martin Luther 10235 S.W. 172 St Miami, Fl 33157	O	candidate	IK	flyers		\$300.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Martin Luther Lampkin

(2) I.D. Number 495

8/12/2006

8/31/2006

(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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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