

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

(1) Marlene Lagasse  
**Name**  
 (2) 329 River ST  
**Address (number and street)**  
Palatka, FL 32177  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1052931]  
 Submitted on:  
 2/4/2013 21:14:22 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 161

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

- Candidate (office sought): Bd of County Comm Dist 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 11/2/2012 To 2/4/2013 Report Type TR-G

- 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 \$ 341.32  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 341.32

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 8,580.58

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 8,580.58

**(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 CONTRIBUTIONS

(1) Name Marlene Lagasse (2) I.D. Number 161

11/2/2012 through 2/4/2013

(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 Marlene Lagasse

(2) I.D. Number 161

(3) Cover Period 11/2/2012 through 2/4/2013

(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					
11/16/2012 //	Lagasse, Marlene 329 River St Palatka, FL 32177	reimbursement	RE		\$341.32
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