

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

(1) Lawrence FEEDMAN  
Name  
(2) 8601 SW 68 CT.  
Address (number and street)  
MIAMI FLORIDA 33143  
City, State, Zip Code

**OFFICE USE ONLY**

2008 OCT 17 PM 12:13  
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MIAMI DADE  
ELECTIONS

(3) ID Number: 684

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):  
 Candidate (office sought): SCHOOL BOARD DISTRICT  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 07/19/08 To 08/01/08 Report Type F2-08  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0  
 Loans \$ 0  
 Total Monetary \$ 0  
 In-Kind \$ 98.06

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ <98.06>  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 0

**(10) TOTAL Monetary Expenditures To Date**  
 \$ <98.06>

**(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) <u>CINDY R. MINOLIN</u></p> <p><input type="checkbox"/> Individual (only for electioneering comm.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> <u>Cindy R. Minolin</u> Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) <u>Lawrence Feedman</u></p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering comm., organization)</p> <p><b>X</b> <u>Lawrence Feedman</u> Signature</p>
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Dr. Larry Feldman

(2) I.D. Number 684

(3) Cover Period 07/19/08 through 08/01/08

(4) Page 2 of 2

(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					
07/29/08 2	OFFICE MAX US1 + 136 ST. MIAMI, FL 33156	Campaign pamphlets	MO	DEL	98 <sup>06</sup> / <sub>100</sub>
/ /					
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