

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

(1) Citizens for a Safe Brevard
Name

(2) P.O. Box 1932
Address (number and street)

Melbourne, Fl 32902
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): _____

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

OFFICE USE ONLY
ONLINE SUBMISSION
[1054512]

Submitted on:
4/17/2013 16:31:24 (eastern)

(3) ID Number: 461

(5) REPORT IDENTIFIERS

Cover Period: From 1/1/2013 To 3/31/2013 / Report Type Q1

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 \$ 10.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 10.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 13,375.15

(10) TOTAL Monetary Expenditures To Date

\$ 13,375.15

(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 Citizens for a Safe Brevard (2) I.D. Number 461

1/1/2013 through 3/31/2013

(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 Citizens for a Safe Brevard

(2) I.D. Number 461

(3) Cover Period 1/1/2013 through 3/31/2013

(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
3/31/2013 / /	Wells Fargo, po box 6995 Portland, OR 97228	service charge	MO	Add	\$10.00
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