

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

(1) BFT Half Penny PAC  
**Name**  
 (2) 1007 S. Florida Avenue  
**Address (number and street)**  
Rockledge, FL 32955  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1047324]  
 Submitted on:  
 10/17/2012 10:31:21 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 469

(4) **Check appropriate box(es):**  
 Candidate (office sought): \_\_\_\_\_  
 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 9/29/2012 To 10/12/2012 Report Type G3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 4,000.00

Loans \$ 0.00

Total Monetary \$ 4,000.00

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**  
 \$ 4,000.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 0.00

**(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) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name BFT Half Penny PAC

(2) I.D. Number 469

(3) Cover Period 9/29/2012 through 10/12/2012

(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
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