FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Libertarian Party of Broward County	OFFICE USE ONLY				
Name					
(2) PO Box 936354					
Address (number and street)					
Margate, FL 33093 City, State, Zip Code					
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
(4) Check appropriate box(es):					
Candidate (office sought):					
□ Political Committee □ Politic	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 7 / 1 / 2013 To	9 / 30 / 2013 Report Type Q3				
	Report Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$	Monetary Expenditures \$				
Loans \$	Transfers to Office Account \$ 0.00				
Total Monetary \$ 0.00	Total				
	Monetary \$ 250.00				
In-Kind \$ 0.00					
	(8) Other Distributions				
	\$				
(9) TOTAL Monetary Contributions To Date \$ 2,971.62	(10) TOTAL Monetary Expenditures To Date \$				
(11) CERTIFICATION					
It is a first degree misdemeanor for any pers	on 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.	rue, 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 CFID: 5181				

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Libertarian Party of Broward County	(2) I.D. Number		
(3) Cover Period _	7 / 1 / 2013 through 9 / 30 / 2013	(4) Page1 of1		

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9 / 19 / 13	Mariette Miller 939 N.W. 52nd Street Pompano Beach, FL 33064	Meeting Room Rent Reimbursement	MON		\$250.00
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DS-DE 14 (7/98)	SEE BEVERSE END II	NSTRUCTIONS AND CODE	VALUES		