FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) <u>Libertarian Party of Broward County</u> Name	OFFICE USE ONLY					
(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           Committee of Continuous Existence	CHECK IF PC HAS DISBANDED					
Party Executive Committee	_ CHECK IF CCE HAS DISBANDED					
Electioneering Communication     CHECK IF NO OTHER ELECTIONEERING     COMMUNICATION REPORTS WILL BE FILED						
(5) REPORT	IDENTIFIERS					
	<u>12</u> / <u>31</u> / <u>2011</u> Report Type <u>Q4</u>					
Original Amendment Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$ <u>62.00</u>	Monetary Expenditures \$ 0.00					
Loans \$0.00	Transfers to Office Account \$ 0.00					
Total Monetary \$ 62.00	Total Monetary \$ 0.00					
In-Kind \$ 0.00						
	(8) Other Distributions					
	\$0.00					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$ 2,160.09	\$ 2,392.32					
(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 Treasurer Deputy Treasurer electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)					
X	X					
Signature	Signature CFID: 2858					

DS-DE 12 (Rev. 08/04)

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name \_\_\_\_\_ Libertarian Party of Broward County \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(3) Cover Period <u>10</u> / <u>1</u> / <u>2011</u> through <u>12</u> / <u>31</u> / <u>2011</u> (4) Page <u>1</u> of <u>1</u>							
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name (Last, Suffix, First, Middle)	Contributor					
(6) Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
<u>10/12/11</u>	Fundraiser can P.O. Box 936354 Margate, FL 33093-6354	0		CAS			\$5.00
<u>11/9/11</u> 2	Fundraiser can P.O. Box 936354 Margate, FL 33093-6354	0		CAS			\$20.00
 12/14/11 	Fundraiser can P.O. Box 936354 Margate, FL 33093-6354	0		CAS			\$37.00
/ /							
/ /							
_/_/							
_/_/	-						
/ /							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES