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:					
<ul> <li>(4) Check appropriate box(es):</li> <li>□ Candidate (office sought):</li> <li>□ Political Committee</li> <li>□ CHECK IF PC HAS DISBANDED</li> </ul>						
Committee of Continuous Existence	CHECK IF PC HAS DISBANDED					
Party Executive Committee						
Electioneering Communication [	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT	IDENTIFIERS					
	<u>12</u> / <u>31</u> / <u>2012</u> Report Type <u>Q4</u>					
Original Amendment Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$	Monetary Expenditures \$ 0.00					
Loans \$0.00	Transfers to Office Account \$ 0.00					
Total Monetary \$ 163.00	Total Monetary \$ 0.00					
In-Kind \$						
	(8) Other Distributions					
	\$0.00					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$ 2,648.62	\$ 3,095.74					
(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)					
<u>X</u>	<u>X</u>					
Signature	Signature CFID: 4952					

DS-DE 12 (Rev. 08/04)

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

(3) Cover Period <u>11 / 2 / 2012</u> through <u>12 / 31 / 2012</u> (4) Page <u>1</u> of <u>1</u>

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

(5)	(7)	(8)		(9)	(10)	(11)	(12)
Date	Full Name	Contributor					
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		1	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
11/14/12	Fundraiser can P.O. Box 936354 Margate, FL 33093-6354	0		CAS			\$86.00
1							
11/14/12	Dale Kern 5278 N.W. 117th Avenue Coral Springs, FL 33076	I		CHE			\$50.00
2							
12/12/12	Fundraiser can P.O. Box 936354 Margate, FL 33093-6354	0		CAS			\$27.00
3							
/ /							
/							
/ /							
/ /							
/ /							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES