

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

(1) Harold Wade Osborn
Name
 (2) 1669 Sheehan Blvd
Address (number and street)
Port Charlotte, FL 33952
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1032266]
 Submitted on:
 1/5/2012 13:43:18 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 218

(4) **Check appropriate box(es):**
 Candidate (office sought): Sheriff
 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 10/1/2011 To 12/31/2011 Report Type Q4
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 200.00
 Loans \$ 0.00
 Total Monetary \$ 200.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 252.25
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 252.25

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 3,330.00

(10) TOTAL Monetary Expenditures To Date
 \$ 3,152.18

(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>X _____</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 & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Harold Wade Osborn (2) I.D. Number 218

10/1/2011 through 12/31/2011

(3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
11/28/2011 / /	Jaqes, Eugenia D 182 chelsea ct. w port charlotte, fl 33952	I		CH			\$100.00
1							
11/28/2011 / /	Wilson, Roger A 4243 rock creek dr. port charlotte, fl 33948	I		CH			\$100.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Harold Wade Osborn

(2) I.D. Number 218

(3) Cover Period 10/1/2011 through 12/31/2011

(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
(6) Sequence Number					
10/21/2011 //	Shell service station, port charlotte, fl 33952	transportation expenses	MO		\$80.00
1					
10/31/2011 //	SunTrust Bank, 6564 Jack st. punta gorda, fl 33982	bank maintenance fee	MO		\$10.00
2					
11/30/2011 //	SunTrust bank, 6564 Jack st. punta gorda, fl 33982	bank maintenance fee	MO		\$10.00
3					
12/2/2011 //	Seven Eleven, port charlotte, fl 33954	transportation expense	MO		\$57.00
4					
12/21/2011 //	shell service station, port charlotte, fl	transportation expense	MO		\$55.25
5					
12/30/2011 //	shell service station, port charlotte, fl	transportation expense	MO		\$30.00
6					
12/30/2011 //	Sun Trust Bank, 6564 Jack st. punta gorda, fl 33982	bank maintenance fee	MO		\$10.00
7					
//					