

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

(1) Tricia Duffy
Name
(2) 396 Orlando Blvd
Address (number and street)
Port Charlotte, FL 33954
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1031126]
Submitted on:
10/7/2011 07:32:06 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 294

(4) Check appropriate box(es):
 Candidate (office sought): County Commissioner District 5
 Political Committee 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 7/1/2011 To 9/30/2011 / Report Type Q3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00
 Loans \$ 200.00
 Total Monetary \$ 700.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 95.23
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 95.23

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 700.00

(10) TOTAL Monetary Expenditures To Date
 \$ 95.23

(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 Tricia Duffy (2) I.D. Number 294

7/1/2011 9/30/2011

(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 Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9/1/2011 / /	LAISHLEY, C BARBARA 12604 PANASOFFKEE DRIVE N FORT MYERS, FL 33903	I	business owner	CH			\$500.00
1							
9/1/2011 / /	Duffy, Tricia 396 Orlando Blvd Port Charlotte, FL 33954	S	commission er/candida te	LO	open account		\$200.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tricia Duffy

(2) I.D. Number 294

(3) Cover Period 7/1/2011 through 9/30/2011

(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					
9/9/2011 / /	HARBOUR GRAPHICS & DESIGNS, 3415 TAMIAMI TRAIL PUNTA GORDA, FL 33950	petition forms	MO		\$95.23
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