

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

(1) CHRISTIAN MEISTER

**Name**

(2) P O BOX 60662, FORT MYERS, FL 33906

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: \_\_\_\_\_

(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

Electioneering Communication

**CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

**(5) REPORT IDENTIFIERS**

Cover Period: From 1/1/2012 To 3/31/2012 Report Type Q1

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks      \$                      0.00

Loans                      \$                      0.00

Total Monetary      \$                      0.00

In-Kind                      \$                      13.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures      \$                      0.00

Transfers to Office Account      \$                      0.00

Total Monetary      \$                      0.00

(8) Other Distributions      \$                      0.00

**(9) TOTAL Monetary Contributions To Date**

\$                                      115.00

**(10) TOTAL Monetary Expenditures To Date**

\$                                      15.00

**(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 electioneering commun.)     Treasurer     Deputy Treasurer

Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** CHRISTIAN MEISTER **(2) I.D. Number** 62  
 1/1/2012 through 3/31/2012  
**(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 Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/29/2012 / /	Meister, Christian PO Box 60662 Fort Myers, FL 33906	I	candidate	IK	web services		\$13.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name CHRISTIAN MEISTER

(2) I.D. Number 62

(3) Cover Period 1/1/2012 through 3/31/2012

(4) Page 1 of 0

(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					
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