

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

(1) CITIZENS AGAINST URBAN SPRAWL, INC
Name
 (2) 13670 SE HWY 475
Address (number and street)
SUMMERFIELD, FL 34491
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1057517]
 Submitted on:
 12/9/2013 21:10:19 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 145

(4) **Check appropriate box(es):**
 Candidate (office sought): _____
 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 11/1/2013 To 11/30/2013 Report Type M11C

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 50.00

Loans \$ 0.00

Total Monetary \$ 50.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 50.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 50.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 50.00

(10) TOTAL Monetary Expenditures To Date
 \$ 503.15

(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 CITIZENS AGAINST URBAN SPRAWL, INC **(2) I.D. Number** 145

11/1/2013 through 11/30/2013

(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
11/19/2013 / /	Shearer, Douglas C 2301 SE 85th St Ocala, FL 34480	I	veterinarian	CH			\$50.00
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/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CITIZENS AGAINST URBAN SPRAWL, INC

(2) I.D. Number 145

(3) Cover Period 11/1/2013 through 11/30/2013

(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					
11/19/2013 //	Wilcox, Wesley PO Box 289 Ocala, Fl 34478	fine	MO		\$50.00
1					
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//					
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