

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

(1) Preserve our Key Biscayne (POKB)

**Name**

(2) P.O. Box 1034

**Address (number and street)**

Key Biscayne, FL 33149

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**

(3) ID Number: 708

(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

Electioneering Communication

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

**(5) REPORT IDENTIFIERS**

Cover Period: From 1/1/2009 To 3/30/2009 Report Type Q1-09

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 \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 39.99

Transfers to Office Account \$ 0.00

Total Monetary \$ 39.99

(8) Other Distributions \$ 0.00

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

\$ 4,828.25

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

\$ 4,671.16

**(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 Preserve our Key Biscayne (POKB) (2) I.D. Number 708

1/1/2009 3/30/2009

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(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
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Preserve our Key Biscayne (POKB)

(2) I.D. Number 708

1/1/2009 through 3/30/2009

(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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
2/10/2009 / /	Northern Trust Bank, 328 Crandon Blvd Key Biscayne, FL 33149	bank fee	MO		\$20.00
1					
3/10/2009 / /	Northern Trust Bank, 328 Crandon Blvd Key Biscayne, FL 33149	maintenan ce fee	MO		\$19.99
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					