FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Preserve our Key Biscayne (POKB)	OFFICE USE ONLY					
Name	ONLINE SUBMISSION					
(2) P.O. Box 1034 Address (number and street)						
Key Biscayne, FL 33149						
City, State, Zip Code						
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: 708					
(4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee ☐ CHECK IF PC HAS DISBANDED ☐ Committee ☐ CHECK IF CCE HAS DISBANDED ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING						
(5) PEPOPT	COMMUNICATION REPORTS WILL BE FILED IDENTIFIERS					
Cover Period: From $\frac{4/1/2009}{1/2009}$ To	$6/30/2009$ / Report Type Q^{2-09}					
☐ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT					
Cash & Checks \$	Monetary Expenditures \$ 0.00					
Loans \$	Transfers to Office Account \$ 0.00					
Total Monetary \$	Total Monetary \$ 0.00					
In-Kind \$						
	(8) Other Distributions \$ 0.00					
(9) TOTAL Monetary Contributions To Date \$4,908.20_	(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. (Type name) I certify that I have examined this report and it is true, correct, and complete. (Type name)						
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)					
Signature	Signature					
Signature	Signature					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Preserve our Key B			Z) I.D. Numbe	=	708
	4/1/2009		6/30/2009		1	1
(3) Cover Per	iod//	through	_ / /	(4) Pag	je	of 1
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
6/29/2009 / /	Northern Trust Bank, 328 Crandon Blvd	B bank	RE	A4		\$79.95
1	Key Biscayne, Fl 33149					
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(1) Name Pre	CAMPAIGN TREASURER' eserve our Key Biscayne (IIZED EXPENDITURES (2) I.D. Number			
	4/1/2009	6/30/2009	3 — 7		
(3) Cover Period	d/through _		(4) Page	of _	0
T T	(7)	(0)	(0)	1 (40)	77.7
(5) Date	(7)	(8)	(9)	(10)	(11)
	Full Name (Last, Suffix, First, Middle)	Purpose (add office sou	aht if		
(6) Sequence	Street Address &	contribution t	o a Expenditure	100	
Number	City, State, Zip Code	candidate)	Type	Amendment	Amount
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