

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

(1) Lisa S. Walsh  
**Name**  
 (2) 15555 Biscayne Boulevard  
**Address (number and street)**  
Miami, FL 33160  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1016157]  
 Submitted on:  
 1/8/2010 16:39:25 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 736

(4) **Check appropriate box(es):**  
 Candidate (office sought): County Court Judge Group 31  
 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 7/1/2009 To 9/30/2009 / Report Type Q3-09  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 10,000.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 88.70

**(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><b>X</b> _____</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 &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name     Lisa S. Walsh     (2) I.D. Number     736    

7/1/2009 9/30/2009

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

(1) Name Lisa S. Walsh

(2) I.D. Number 736

(3) Cover Period 7/1/2009 through 9/30/2009

(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					
9/15/2009 / /	ShopDeluxe Business Product, Online Purchase	deposit stamps and checks for campaign bank account. online purchase.	MO	Delete	\$88.70
1					
9/15/2009 / /	ShopDeluxe Business Product, PO Box 1186 Lancaster, CA 93584	deposit stamps and checks for campaign bank account. online purchase.	MO	Add	\$88.70
2					
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