FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Gale L. Wimbley	OFFICE USE ONLY						
Name (2) 22523 SW 113 Place	ONLINE SUBMISSION [1022465]						
Address (number and street)	Submitted on:						
Goulds, FL 33170 City, State, Zip Code	9/7/2010 12:01:07 (eastern)						
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: 820						
(4) Check appropriate box(es): \[\times \text{ Candidate (office sought): } \text{ Community Council } 15/151 \\ \times \text{ Political Committee} \text{ CHECK IF PC HAS DISBANDED} \\ \times \text{ CHECK IF CCE HAS DISBANDED} \\ \times \text{ Party Executive Committee} \\ \times \text{ Electioneering Communication} \text{ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED}							
(5) REPORT I	DENTIFIERS						
Cover Period: From	9/13/2010 / Report Type TR-QC						
☑ Original ☐ Amendment ☐ Special Election	Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$	Monetary Expenditures \$ 105.00						
Loans \$	Transfers to Office Account \$ 0.00						
Total Monetary \$	Total Monetary \$ 105.00						
In-Kind \$							
	(8) Other Distributions \$ 0.00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$105.00_	\$105.00_						
(11) CERTI	FICATION						
It is a first degree misdemeanor for any pers	on 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 election eering commun.) Treasurer Deputy Treasurer Candidate Chairperson (only for PC, PTY 8 election eering commun. organization)							
X	X						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Gale L. Wimbley			Z) I.D. Numbe	≇ r"8	20
	4/1/2010		9/13/2010			
(3) Cover Per	iod / /	through	<i>I I</i>	(4) Pag	je	of
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name					
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupation		Description	Amendment	Amount
C/14/2010	Wimbley, Gale L	I retired	LO			\$105.0
6/14/2010	22523 SW 113th Pl Goulds , Fl 33170					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gale	L.	Wimble	ξÀ				 (2) I.D. Num	nber	8	320	arv .
	4	/1/201	0		9/13/20	010					
(3) Cover Period		1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/14/2010	Board of County Commissioner, 2700 NW 87th AV Miami, Fl 33172	qualifying fee	МО		\$100.00
8/5/2010	Wimbley, Gale L. 22525 S.W. 113 Place Goulds, FL 33170	close bank account	МО		\$5.00
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DS-DE 14 (Rev					