

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

(1) Bobby Dell Stewart
Name
 (2) 29500 SW 155 Ct.
Address (number and street)
Leisure City, FL 33033
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1022479]
 Submitted on:
 9/7/2010 17:04:20 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 823

(4) **Check appropriate box(es):**
 Candidate (office sought): Community Council 15/155
 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 4/1/2010 To 9/13/2010 / Report Type TR-QC
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00
 Loans \$ 105.00
 Total Monetary \$ 105.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 100.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 100.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 105.00

(10) TOTAL Monetary Expenditures To Date
 \$ 105.00

(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>
--	--

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bobby Dell Stewart (2) I.D. Number 823

4/1/2010 through 9/13/2010

(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
6/14/2010 / /	STEWART, BOBBY DELL 29500 SW 155 CT LEISURE CITY, FL 33033	I	retired	LO			\$105.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bobby Dell Stewart

(2) I.D. Number 823

(3) Cover Period 4/1/2010 through 9/13/2010

(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					
6/14/2010 / /	BOARD OF COUNTY COMMISSIONER, 2700 NW 87 AVENUE MIAMI, FL 33172	qualifying fee	MO		\$100.00
1					
6/14/2010 / /	STEWART, BOBBY DELL 29500 SW 155 COURT LEISURE CITY, FL 33033	close bank acct.	DI		\$5.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					