

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

(1) Andrea R. Wolfson
Name
 (2) 3399 SW 3rd Avenue
Address (number and street)
Miami, FL 33145
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1036087]
 Submitted on:
 5/2/2012 09:38:18 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1010

(4) **Check appropriate box(es):**
 Candidate (office sought): County Court Judge Group 24
 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 1/1/2012 To 3/31/2012 Report Type Q1-12
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>-50.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>-50.00</u>
In-Kind	\$	<u>-450.00</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
 \$ 98,738.00

(10) TOTAL Monetary Expenditures To Date
 \$ 9,251.72

(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) _____ <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer X _____ Signature	I certify that I have examined this report and it is true, correct, and complete. (Type name) _____ <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) X _____ Signature
---	---

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Andrea R. Wolfson **(2) I.D. Number** 1010
(3) Cover Period 1/1/2012 through 3/31/2012 **(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
3/15/2012 / /	Cohen, Sharon 1507 NW 14th Street Miami, FL 33125	B		CH		Delete	\$50.00
1							
2/21/2012 / /	Garcia, Zavier 40 Whitehorn Drive Miami Springs, FL 33166	B	advertisin g	IK	palm cards	Delete	\$450.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Andrea R. Wolfson

(2) I.D. Number 1010

(3) Cover Period 1/1/2012 through 3/31/2012

(4) Page 1 of 0

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