

**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**  
 [1052429]  
 Submitted on:  
 2/2/2013 18:22:35 (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  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/1/2011 To 9/30/2011 / Report Type Q3-11  
 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>14.98</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>14.98</u>

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 422,367.54

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 398,389.94

**(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) \_\_\_\_\_  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
**X** \_\_\_\_\_  
 Signature

I certify that I have examined this report and it is true, correct, and complete.  
 (Type name) \_\_\_\_\_  
 Candidate  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

7/1/2011 through 9/30/2011

(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 Andrea R. Wolfson

(2) I.D. Number 1010

(3) Cover Period 7/1/2011 through 9/30/2011

(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					
8/6/2011 / /	Stewart, Bonnie 3399 SW 3rd Avenue Miami, FL 33145	reimbursement for envelopes and labels	MO	Delete	\$59.87
1					
8/6/2011 / /	Stewart, Bonnie 3399 SW 3rd Avenue Miami, FL 33145	reimbursement for envelopes and labels	MO	Add	\$74.85
2					
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