

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

(1) Fleur Jeannine Lobree  
Name  
(2) Post Office Box 430774  
Address (number and street)  
South Miami, FL 33243-0774  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1033225]  
Submitted on:  
2/10/2012 13:14:59 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1037

(4) Check appropriate box(es):  
 Candidate (office sought): County Court Judge Group 20  
 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 10/1/2011 To 12/31/2011 Report Type Q4-11  
 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>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**  
\$ 61,285.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 5,411.50

**(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 Fleur Jeannine Lobree (2) I.D. Number 1037

10/1/2011 through 12/31/2011

(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
12/2/2011 / /	Greenfield, Alan & Marilyn 3766 NE 209th Terrace Aventura, FL 33180-3780	I	attorney & educator	CH		Delete	\$250.00
1							
12/2/2011 / /	Greenfield, Alan E. 3766 NE 209th Terrace Aventura, FL 33180-3780	I	attorney	CH		Add	\$250.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Fleur Jeannine Lobree

(2) I.D. Number 1037

10/1/2011 12/31/2011

(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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/10/2011 / /	US Postmaster, S. Miami Branch S. Miami, FL 33143	p.o. box rental	MO	Delete	\$76.00
1					
10/10/2011 / /	US Postmaster, S. Miami Branch 5927 SW 70th St. S. Miami, FL 33143-0998	p.o. box rental	MO	Add	\$76.00
2					
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