

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

(1) Audrey M. Edmonson  
**Name**

(2) 1 SE 3rd Avenue  
**Address (number and street)**

Miami, FL 33131  
**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(4) **Check appropriate box(es):**

**Candidate (office sought):** County Commission 03

**Political Committee**

**Committee of Continuous Existence**

**Party Executive Committee**

**Electioneering Communication**

**CHECK IF PC HAS DISBANDED**

**CHECK IF CCE HAS DISBANDED**

**CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED**

**OFFICE USE ONLY**

**ONLINE SUBMISSION**  
[1053808]

Submitted on:  
3/21/2013 19:57:21 (eastern)

(3) **ID Number:** 1040

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/7/2012 To 7/20/2012 Report Type F2-12

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

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

**(9) TOTAL Monetary Contributions To Date**

\$ 390,095.20

**(10) TOTAL Monetary Expenditures To Date**

\$ 386,156.62

**(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 Audrey M. Edmonson (2) I.D. Number 1040

7/7/2012 through 7/20/2012

(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
7/16/2012 / /	DeRose, Philippe 18870 Ne 21 Ave. North Miami Beach, FL 33179	I	business owner	CH		Delete	\$200.00
1							
7/16/2012 / /	DeRose, Philippe 18870 Ne 21 Ave. North Miami Beach, FL 33179	I	real estate	CH		Add	\$200.00
2							
/ /							
/ /							
/ /							
/ /							
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/ /							

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

(1) Name Audrey M. Edmonson

(2) I.D. Number 1040

(3) Cover Period 7/7/2012 through 7/20/2012

(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					
// /					
// /					
// /					
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