

**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**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1053810]  
 Submitted on:  
 3/21/2013 20:14:26 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 1040

(4) **Check appropriate box(es):**  
 Candidate (office sought): County Commission 03  
 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 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 \$ 2,000.00  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 2,000.00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 390,095.20

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 390,653.26

**(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 <b>X</b> _____ 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) <b>X</b> _____ Signature
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## 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 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 Audrey M. Edmonson

(2) I.D. Number 1040

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

(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					
7/12/2012 //	Urban Initiatives, Inc., 1111 Park Center Blvd. Suite 402 Miami Gardens, FL 33169	printing	MO	Delete	\$13,242.00
1					
7/12/2012 //	Urban Initiatives, Inc., 1111 Park Center Blvd. Suite 402 Miami Gardens, FL 33169	printing	MO	Add	\$15,242.00
2					
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