

**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
 [1033094]
 Submitted on:
 1/17/2012 10:51:46 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 1040

(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

(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>8.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>8.00</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 13,025.00

(10) TOTAL Monetary Expenditures To Date
 \$ 18.00

(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

10/1/2011 through 12/31/2011

(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 Audrey M. Edmonson

(2) I.D. Number 1040

(3) Cover Period 10/1/2011 through 12/31/2011

(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					
12/5/2011 //	Suntrust Bank, PO Box 622227 Orlando, FL 32862	bank charge	MO	Add	\$8.00
1					
12/5/2011 //	Suntrust Bank, PO Box 622227 Orlando, FL 32862	refund of bank charges	MO	Add	\$-25.00
2					
11/16/2011 //	Suntrust Bank, PO Box 622227 Orlando, FL 32862	bank charge	MO	Add	\$25.00
3					
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