FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Shirley Gibson	OFFICE USE ONLY						
Name (2) 19821 NW 2nd Avenue	ONLINE SUBMISSION						
Address (number and street)	[1041081] Submitted on:						
Miami Gardens, FL 33169	7/27/2012 21:14:24 (eastern)						
City, State, Zip Code							
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4) Check appropriate box(es):  X Candidate (office sought): County Commiss	ion 01						
☐ Political Committee	CHECK IF PC HAS DISBANDED						
<ul><li>☐ Committee of Continuous Existence</li><li>☐ Party Executive Committee</li></ul>	CHECK IF CCE HAS DISBANDED						
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED						
(5) REPORT	TOENTIFIERS 7/6/2012						
Cover Period: From	Report Type F1-12						
☐ Original ☐ Amendment ☐ Special Election	Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$	Monetary Expenditures \$ 36.89						
Loans \$	Transfers to Office Account \$ 0.00						
Total Monetary \$	Total Monetary \$ 36.89						
In-Kind \$	NAME AND						
	(8) Other Distributions						
(2) TOTAL M. (2) (1) (1) T. D. (	·						
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$						
	IFICATION on 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.	I certify that I have examined this report and it is true, correct, and complete.						
(Type name)	(Type name)						
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
X	X						
Signature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Shirley Gibson			(	2) I.D. Numb	er <sub>1</sub>	146
	4/1/2012		7	/6/2012			
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	ge <u>1</u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
5000 1900 000 to 100 1000 1000 1	Miami Gardens		entertain		Control Control Control Control	Add	\$-500.0
6/15/2012	Square One, Inc., 150 Miami Gardens Dr Suite 100 Miami Gardens, FL 33169		ent estabishme nt	2			
1	Main Gardens, 12 33103						
6/15/2012 / /	Miami Gardens Square One, Inc., 150 Miami Gardens Dr Suite 100		entertainm ent establishm			Add	\$500.0
2	Miami Gardens, FL 33169		ent				
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _S	Shirley	Gibso	n				(2) I.D. Nun	nber	1	L146	
	4	/1/203	12		7/6/201	2		·-			
(3) Cover Po	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/5/2012	Pay Pal, 2211 N 1 St San Jose, CA 95131	contribution collection fee	МО	Add	\$0.59
6/21/2012	Pay Pal, 2211 N 1 St San Jose, CA 95131	contribution collection fee	МО	Add	\$7.55
6/21/2012	Pay Pal, 2211 NW 1 St San Jose, CA 95131	contribution collection fee	МО	Add	\$3.20
6/22/2012	Pay Pal, 2211 N 1 St San Jose , CA 95131	contribution collection fee	МО	Add	\$6.10
7/5/2012	Pay Pal, 2211 N 1 St San Jose, CA 95131	contribution collection fee	МО	Add	\$14.80
7/6/2012	Pay Pal, 2211 N 1 St San Jose, CA 95131	contribution collection fee	МО	Add	\$4.65
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