

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

(1) Shirley Gibson

Name

(2) 19821 NW 2nd Avenue

Address (number and street)

Miami Gardens, FL 33169

City, State, Zip Code

☐ **CHECK IF ADDRESS HAS CHANGED**

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

☒ **Candidate (office sought):** County Commission 01

☐ **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

[1052509]

Submitted on:

2/3/2013 21:55:30 (eastern)

(3) **ID Number:** 1146

(5) REPORT IDENTIFIERS

Cover Period: From 7/21/2012 To 8/9/2012 / Report Type F3-12

☐ **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

\$ 37,537.00

(10) TOTAL Monetary Expenditures To Date

\$ 37,737.00

(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 Shirley Gibson (2) I.D. Number 1146

7/21/2012

8/9/2012

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
8/9/2012 / / 1	Sullivan and Cogliano Students, 4760 NW 167 St Miami Gardens, FL 33169	I	students	CA		Delete	\$50.00
8/9/2012 / / 2	Sullivan and Cogliano Students, 4760 NW 167 St Miami Gardens, FL 33169	B	students	CA		Add	\$50.00
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/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Shirley Gibson

(2) I.D. Number 1146

(3) Cover Period 7/21/2012 through 8/9/2012

(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
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