

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

(1) Dawn Marie Uffner
Name
 (2) 20536 NE 6th Ct.
Address (number and street)
N. Miami Beach, FL 33179
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1048196]
 Submitted on:
 10/24/2012 13:22:25 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1167

(4) **Check appropriate box(es):**
 Candidate (office sought): Community Council 02/26
 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 4/1/2012 To 9/3/2012 Report Type TR-QC
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 120.00
 Loans \$ 0.00
 Total Monetary \$ 120.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 100.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 100.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 120.00

(10) TOTAL Monetary Expenditures To Date
 \$ 100.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Dawn Marie Uffner **(2) I.D. Number** 1167
(3) Cover Period 4/1/2012 through 9/3/2012 **(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
6/5/2012 / /	UFFNER, DAWN MARIE 20536 NE 6TH CT. N. MIAMI BEACH, FL 33179	S	office manager	CH			\$120.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Dawn Marie Uffner

(2) I.D. Number 1167

(3) Cover Period 4/1/2012 through 9/3/2012

(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					
6/5/2012 / /	MIAMI DADE COUNTY DEPT OF ELEC,	filing fee	MO		\$100.00
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