

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

(1) Matthew Larsh  
**Name**  
 (2) 7350 SW 89 Street  
**Address (number and street)**  
Miami, FL 33156  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1037623]  
 Submitted on:  
 7/11/2012 10:33:21 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 1175

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

- Candidate (office sought): Community Council 12/122  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/2012 / 7/6/2012 / To 7/6/2012 / 7/6/2012 / Report Type F1-12

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00  
 Loans \$ 500.00  
 Total Monetary \$ 500.00  
 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**  
 \$ 500.00

**(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.)**

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 EXPENDITURES**

(1) Name Matthew Larsh

(2) I.D. Number 1175

(3) Cover Period 4/1/2012 through 7/6/2012

(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 //	County Commissioners, Board of 2700 NW 87 Avenue Miami, FL 33172	qualifying fee	MO		\$100.00
1					
//					
//					
//					
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//					
//					
//					