

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

(1) Martin Karp  
Name  
(2) 20021 NE 21st Avenue  
Address (number and street)  
Miami, FL 33179  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1029467]  
Submitted on:  
7/2/2011 22:08:22 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 781

(4) Check appropriate box(es):  
 Candidate (office sought): School Board District 3  
 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 4/1/2011 To 6/30/2011 Report Type Q2-11  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1,275.00  
 Loans \$ 0.00  
 Total Monetary \$ 1,275.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 7.55  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 7.55

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 123,965.81

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 1,366.84

**(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><b>X</b> _____</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 &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Martin Karp (2) I.D. Number 781  
 4/1/2011 6/30/2011  
 (3) Cover Period  / /  through  / /  (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) Sequence Number		Type	Occupation				
4/6/2011 / /	Chaplin, Paul B 21000 NE 28th Ave Suite 104 Aventura, FL 33180	I	physician	CH			\$100.00
1							
5/10/2011 / /	Rub, Benny 698 North Island Golden Beach, FL 33160	I	physician	CH			\$250.00
2							
6/1/2011 / /	Robinson, Karen 734 NW 177 Ave Pembroke Pines, FL 33029	I	education adminstrator	CH			\$75.00
3							
6/9/2011 / /	Blumstein and Assoc. PA, 19495 Biscayne Blvd. Suite 302 Aventura, FL 33180	B	law firm	CH			\$500.00
4							
6/29/2011 / /	Bussel, Ann B 9300 W. Bay Harbor Dr. #4A Bay Harbor Islands, FL 33154	I	philanthro pist	CH			\$250.00
5							
6/30/2011 / /	Bell, Marcia 19624 E. Country Club Dr. Aventura, FL 33180	I	teacher	CH			\$50.00
6							
6/29/2011 / /	Bell, Bethani Jo 3115 NE 184th St. Apt. 4204 Aventura, FL 33160	I	teacher	CH			\$50.00
7							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Martin Karp

(2) I.D. Number 781

(3) Cover Period 4/1/2011 through 6/30/2011

(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					
5/10/2011 / /	Paypal, PO Box 45950 Omaha, NE 68145-0950	paypal fee	MO		\$7.55
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