

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

(1) Joshua Larose
Name
(2) Post Office Box 191328
Address (number and street)
Miami Beach, Fl 33119
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1029800]
Submitted on:
7/9/2011 20:58:18 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 869

(4) Check appropriate box(es):
 Candidate (office sought): Mayor 2012
 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 \$ 0.00
 Loans \$ 0.00
 Total Monetary \$ 0.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1.20
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 1.20

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 61.20

(10) TOTAL Monetary Expenditures To Date
 \$ 61.20

(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 Joshua Larose (2) I.D. Number 869

4/1/2011 through 6/30/2011

(3) Cover Period / / through / / (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joshua Larose

(2) I.D. Number 869

(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					
4/15/2011 //	UNITED STATES POSTAL SERVICE, 1300 WASHINGTON AVENUE MIAMI BEACH, FL 33139	postage fee	MO		\$1.20
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