

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

(1) No Tax for Tracks

**Name**

(2) 319 39th Avenue North

**Address (number and street)**

St. Petersburg, FL 33703

**City, State, Zip Code**

☐ **CHECK IF ADDRESS HAS CHANGED**

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

☐ Candidate (office sought): \_\_\_\_\_

☒ 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**

[1058292]

Submitted on:

1/9/2014 17:06:57 (eastern)

(3) ID Number: 794

**(5) REPORT IDENTIFIERS**

Cover Period: From 12/1/2013 To 12/31/2013 Report Type M12

☒ Original    ☐ Amendment    ☐ Special Election Report    ☐ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks      \$ 6,000.00

Loans                      \$ 0.00

Total Monetary      \$ 6,000.00

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**

\$ 6,000.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 0.00

**(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** No Tax for Tracks **(2) I.D. Number** 794  
**(3) Cover Period** 12/1/2013 through 12/31/2013 **(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
12/31/2013 / /	Burgess, Elizabeth 900 Locust Street, N.E. St. Petersburg, FL 33701	I	artist/vol unteer	CH			\$6,000.00
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name No Tax for Tracks

(2) I.D. Number 794

(3) Cover Period 12/1/2013 through 12/31/2013

(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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