

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

(1) Libertarian Party of St. Lucie County
Name
 (2) 2355 SW Neal Road
Address (number and street)
Port St. Lucie, FL 34953
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1016000]
 Submitted on:
 1/6/2010 20:01:45 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 125

(4) **Check appropriate box(es):**
 Candidate (office sought): _____
 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 1/1/2009 To 3/31/2009 / Report Type Q1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>50.87</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>50.87</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>50.87</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>50.87</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 50.87

(10) TOTAL Monetary Expenditures To Date
 \$ 101.74

(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 EXPENDITURES

(1) Name Libertarian Party of St. Lucie County

(2) I.D. Number 125

(3) Cover Period 1/1/2009 through 3/31/2009

(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					
3/26/2009 //	Walmart,	check printing	MO	Add	\$10.87
1					
3/26/2009 //	LP Duval County,	table fee at convention	MO	Add	\$40.00
2					
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//					
//					
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