

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

(1) Protect Our Seniors
Name
(2) 8 Valencia Lane
Address (number and street)
Port St Lucie, FL 34952
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1024032]
Submitted on:
10/6/2010 11:23:53 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 165

(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 9/25/2010 To 10/8/2010 / Report Type G3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>10.17</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>10.17</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>10.17</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>10.17</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 25.15

(10) TOTAL Monetary Expenditures To Date
\$ 25.15

(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 Protect Our Seniors (2) I.D. Number 165

9/25/2010 through 10/8/2010

(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
10/6/2010 / /	Stumbaugh, Patricia 8 Valencia Ln Port St. Lucie, FL 34952	I	retired	RE			\$10.17
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Protect Our Seniors

(2) I.D. Number 165

(3) Cover Period 9/25/2010 through 10/8/2010

(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					
9/27/2010 / /	Lowe's, Highway US 1 Port St. Lucie, FL 34986	personal purchase-used debit card by mistake.	MO		\$10.17
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