

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

(1) Roseanna Bronhard
Name
(2) 2229 SW Marshfield Ct
Address (number and street)
Port St Lucie, Fl 34953
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1057371]
Submitted on:
12/6/2013 17:16:27 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 224

(4) Check appropriate box(es):
 Candidate (office sought): County Court Judge, Group 4
 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 11/1/2013 To 11/30/2013 Report Type M11
 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 \$ 17.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 17.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 3,100.00

(10) TOTAL Monetary Expenditures To Date
 \$ 539.91

(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 Roseanna Bronhard (2) I.D. Number 224

11/1/2013 through 11/30/2013

(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 Roseanna Bronhard

(2) I.D. Number 224

(3) Cover Period 11/1/2013 through 11/30/2013

(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					
11/4/2013 //	Bank of America, 2300 SE Veteran's Memorial Parkway Port St. Lucie, FL 34952	bank fees	MO		\$17.00
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