

**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**  
 [1022983]  
 Submitted on:  
 9/16/2010 14:36:46 (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  **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 8/20/2010 To 9/10/2010 / Report Type G1  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>14.98</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>14.98</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>14.98</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>14.98</u>

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 14.98

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 14.98

**(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) <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer <b>X</b> _____ Signature	I certify that I have examined this report and it is true, correct, and complete. _____ (Type name) <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) <b>X</b> _____ Signature
---	---

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 8/20/2010 through 9/10/2010 (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
8/20/2010 / /	Stumbaugh, Patricia 8 Valencia Lane Port St Lucie, FL 34952	I	retired	CA			\$14.98
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Protect Our Seniors

(2) I.D. Number 165

(3) Cover Period 8/20/2010 through 9/10/2010

(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					
8/20/2010 //	Wachovia Bank, 9520 U S Hwy 1 Port St Lucie, FL 34952	open account	MO		\$14.98
1					
//					
//					
//					
//					
//					
//					
//					