

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

(1) Heben V. Lawrence
Name

(2) 641 Nightingale Ave.
Address (number and street)

Miami Springs, Fla. 33166
City, State, Zip Code

OFFICE USE ONLY
CITY OF MIAMI SPRINGS

2011 MAR 16 A 11:50

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(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 2 / 26 / 11 To 3 / 19 / 2011 Report Type G-3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 50

Loans \$ 100

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ -0-

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date

\$ ~~1755~~ 1855
HYL

(10) TOTAL Monetary Expenditures To Date

\$ 684

(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) Heben V. Lawrence

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Heben V. Lawrence
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 _____ (2) I.D. Number _____

(3) Cover Period / / through / / (4) Page of

(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
2 / 24 / 11	Marcia Machin 457 Plover Ave Miami Springs Florida		retired	check			\$ 50 ⁰⁰
2 / 25 / 11	Loan		me	check			\$ 100
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____

(4) Page _____ of _____

(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					
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