

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

(1) George V. Lob
Name

(2) 860 Plover Ave
Address (number and street)

Miami Springs, FL, 33166
City, State, Zip Code

☐ **CHECK IF ADDRESS HAS CHANGED**

(3) **ID Number:** _____

(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** Councilman Group 3

☐ **Political Committee**

☐ **Committee of Continuous Existence**

☐ **Party Executive Committee**

☐ **Electioneering Communication**

☐ **CHECK IF PC HAS DISBANDED**

☐ **CHECK IF CCE HAS DISBANDED**

☐ **CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED**

CITY OF MIAMI SPRINGS
2011 MAR -4 P 2:58

(5) REPORT IDENTIFIERS

Cover Period: From 01 / 01 / 2011 To 02 / 25 / 2011 **Report Type** G2

☒ **Original** ☐ **Amendment** ☐ **Special Election Report** ☐ **Independent Expenditure Report**

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 300.00

Loans \$ 100.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 285.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 285.00

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

(9) **TOTAL Monetary Contributions To Date**
\$ 400.00

(10) **TOTAL Monetary Expenditures To Date**
\$ 285.00

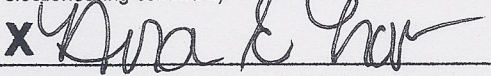
(11) CERTIFICATION

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) Nora E. Lob

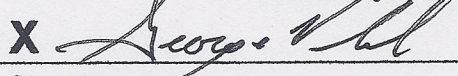
☐ Individual (only for electioneering commun.) ☒ **Treasurer** ☐ **Deputy Treasurer**

X 
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) George V. Lob

☒ **Candidate** ☐ **Chairperson (only for PC, PTY & electioneering commun. organization)**

X 
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name George V. Lob (2) I.D. Number _____

(3) Cover Period 01 / 01 / 2011 through 02 / 25 / 2011 (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
01 / 19 / 2011	George V. Lob 860 Plover Ave Miami Springs, FL 33166	I		LOA			100.00
1							
01 / 29 / 2011	Hume Enterprises, LLC DBA Tom's NFL 5001 NW 36 St Miami Springs, FL 33166	B	Restaur ant	CHE			300.00
2							
/ /							
/ /							
/ /							
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/ /							

2011 MAR -4 P 2:58
CITY OF MIAMI SPRINGS

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name George V. Lob

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 2011 through 02 / 25 / 2011

(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
01 / 28 / 11	City of Miami Springs 201 Westward Dr Miami Springs, FL 33166	Filing Fee	MON		\$85.00
1					
1 / 28 / 11	City of Miami Springs 201 Westward Dr. Miami Springs, FL 33166	Bond for posting signs	MON		\$200.00
2					
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2011 MAR -4 P 2:58