

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

(1) Heber V. Lawrence
Name
(2) 641 Nightingale Ave. M.S.
Address (number and street)
Grover Springs, Fla. 33166
City, State, Zip Code

OFFICE USE ONLY

CITY OF MIAMI SPRINGS
2011 MAR 10 A 11:03

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): Council # 2

☐ 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

(5) REPORT IDENTIFIERS

Cover Period: From 3 / 12 / 11 To 3 / 31 / 11 Report Type G4

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

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans -0- \$ ~~480.00~~ HVL unc found

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 350.00 (2)

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ #1855

(10) TOTAL Monetary Expenditures To Date

\$ 1034.00

(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) Heber V. Lawrence

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

X Heber 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 EXPENDITURES

(1) Name Yelink Lawrence (2) I.D. Number _____
 (3) Cover Period 3 / 12 / 11 through 3 / 31 / 11 (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
3/22/11 3/22/11	Ravin City Gazette	Advertisement	mon Check		\$ 175
3/29/11	Ravin City Gazette	Advertisement	mon Check		\$ 175
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CITY OF MIAMI SPRINGS
2011 MAR 30 A 11:04

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Helene D. Lawrence

(2) I.D. Number _____

(3) Cover Period 3/12/11 through 3/31/11

(4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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CITY OF MIAMI SPRINGS
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