

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

(1) Helene 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 APR 21 A 9:28

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  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/11 To 4/30/11 Report Type G5

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 585

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 1855

**(10) TOTAL Monetary Expenditures To Date**

\$ 1,619

**(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) Helene V. Lawrence

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Helene 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 Helen V. Lawrence (2) I.D. Number \_\_\_\_\_

(3) Cover Period 4 / 1 / 11 through 4 / 30 / 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						
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Helene T. Lawrence

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 4 / 1 / 11 through 4 / 30 / 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
//	Lazette	Advertisement	mon check		\$ 175
//	Sions City of Miami Springs	Return of Sion Board	mon		[200]
//	Partial Repayment of Loan	End of Campaign	mon cash		\$ 610
//					
//					
//					
//					
//					

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