FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Helen 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 -2 A 10:20

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): Council #2
☐ 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 / 7 / 11 To 2 / 25 / 11 Report Type G-2

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

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks $ 200
Loans $ 1505
Total Monetary $ _____
In-Kind $ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures $ 684
Transfers to Office Account $ _____
Total Monetary $ _____

(8) Other Distributions

$ _____

(9) TOTAL Monetary Contributions To Date

$ 1705

(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) Helen V. Lawrence

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

X Helen 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

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Helen Lawrence (2) I.D. Number _____

(3) Cover Period 2/1/11 through 2/25/11 (4) Page _____ of _____

(5) Date / (6) Sequence Number	(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
2/8/11	City of Miami Springs 201 Westward Dr Miami Springs FL 33166	2nd Fee Council Woman #2	Mon Check		$85
2/17/11	Signs Graphic Inc W. Palm Bch, Fla		Mon Check		#224
2/23/11	Gazette News Miami Springs Fla,		Mon Check		#175
2/7/11	Sig City of Miami Springs	Signs	~~Signs~~ Mon Check		200
/ /					
/ /					
/ /					
/ /					

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DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Helen Lawrence (2) I.D. Number

(3) Cover Period 2 / 9 / 11 through 2 / 25 / 11 (4) Page of

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/16/11	Bill Gillies 1760 Westward Dr, Miami Spgs 33166		Retired	Cas			$ 100
2/24/11	Owen Gaye 355 Westward Dr, Miami Springs		Retired	Cas			$ 100
2/7/11	Helen Lawrence 641 Nightingale						200
2/17/11	Helen Lawrence		Can didate				900
2/24/11	Helen Lawrence		Can didate				405
/ /							
/ /							
/ /							

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