FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

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CITY CLERK'S OFFICE

OFFICE USE ONLY

(1) Sherry Roberts
Name

(2) 100 Lincoln Road PH 02
Address (number and street)

Miami Beach, FL 33139
City, State, Zip Code

☐ Check box if address has changed

(3) I.D. Number: 00000

(4) Check appropriate box(es):

☒ Candidate (office sought): Commissioner LV

☐ 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 10/01/2012 To 12/31/2012 Report Type: Q4-12

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

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	$0.00
Loans	$0.00
Total Monetary	$0.00
In-Kind	$0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	$0.00
Transfers to Office Account	$0.00
Total Monetary	$0.00
(8) Other Distributions	$0.00

(9) TOTAL Monetary Contributions to Date

$3,930.63

(10) TOTAL Monetary Expenditures to Date

$364.63

(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

Roberta Gould

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

X Roberta Gould
Signature

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

Sherry Roberts

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

X Sherry Roberts
Signature

This form is based on DS-DE 12 (Rev. 08/04)

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Sherry Roberts (2) I.D. Number 00000

(3) Cover Period 10/01/2012 - 12/31/2012 (4) Page 0 of 0

(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
	Nothing to report on this form						

This form is based on DS-DE 13 (Rev. 08/03)

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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name Sherry Roberts (2) I.D. Number 00000

(3) Cover Period 10/01/2012 - 12/31/2012 (4) Page 0 of 0

(5) Date / (6) Sequence Number	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
	Nothing to report on this form				

This form is based on DS-DE 94 (Rev. 08/03)

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