

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

(1) Daniel Dickey
Name
(2) 2532 Montclair Ct.
Address (number and street)
Weston, FL 33327
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

OCT 04 2012

THE CITY OF WESTON

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 00000

(4) Check appropriate box(es):

Candidate (office sought): Weston City Commission Seat 1

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 09 / 15 / 12 To 09 / 28 / 12 Report Type G-2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>\$0.00</u>
Loans	\$	<u>\$0.00</u>
Total Monetary	\$	<u>\$0.00</u>
In-Kind	\$	<u>\$0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>\$0.00</u>
Transfers to Office Account	\$	<u>\$0.00</u>
Total Monetary	\$	<u>\$0.00</u>

(8) Other Distributions \$ \$0.00

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

(10) TOTAL Monetary Expenditures To Date
\$ \$336.87

(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.

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(Type name) Daniel Dickey
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Daniel Dickey
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Daniel Dickey (2) I.D. Number _____

(3) Cover Period 09 / 15 / 12 through 09 / 28 / 12 (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
10 / 04 / 12	Nothing to report						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Daniel Dickey

(2) I.D. Number _____

(3) Cover Period 09 / 15 / 12 through 09 / 28 / 12

(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
10 / 04 / 12	Nothing to report				
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