

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

(1) Campaign Account of Martha Velez
Name

(2) 1204 Golden Cane Dr
Address (number and street)

Weston, FL 33327

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): City of Weston 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

(3) ID Number: _____

OFFICE USE ONLY

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JUN 29 2012

THE CITY OF WESTON

(5) REPORT IDENTIFIERS

Cover Period: From 04 / 01 / 12 To 09 / 21 / 12 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 300.00

Total Monetary \$ 300.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 300.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 300.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 300.00

(10) TOTAL Monetary Expenditures To Date

\$ 300.00

(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.

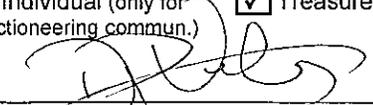
I certify that I have examined this report and it is true, correct, and complete.

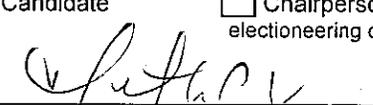
(Type name) Diana Velez

(Type name) Martha Velez

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Signature 

Signature 

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Campaign Account of Martha Velez (2) I.D. Number _____

(3) Cover Period 04 / 21 / 12 through 09 / 21 / 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 |
|--------------|------------------------------------------------------------------------------------------------|-----------------------------------------|--------|-----------------------------|--------------------------------|-------------------|----------------|
| 05 / 29 / 12 | Velez, Martha 1204 Golden Cane Dr Weston, FL 33327 | I | Broker | LOA | | | 300 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Campaign Account of Martha Velez

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 12 through 09 / 21 / 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 |
|---------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 06 / 07 / 12 | City of Weston 17300 Royal Palm Boulevard Weston, FL | Municipal Qualifying Fee | MON | | \$100.00 |
| 1 | | | | | |
| 06 / 07 / 12 | City of Weston 17300 Royal Palm Boulevard Weston, FL | State Election Assessment | MON | | \$100.00 |
| 2 | | | | | |
| 06 / 29 / 12 | Velez, Martha 1204 Golden Cane Dr Weston, FL 33327 | Disposition of funds. Candidate reimbursement | DIS | | \$100.00 |
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