

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

(1) Bill Harris

Name

(2) 29 S. FEDERAL HWY

Address (number and street)

DANIA BEACH, FL 33004

City, State, Zip Code

OFFICE USE ONLY

RECEIVED

JUL 27 2012

BY: JLS

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought):

CITY COMMISSIONER - DANIA BEACH

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 7/7/12 To 7/20/12 Report Type F2

Original

Amendment

Special Election Report

Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ - 0 -

Loans \$ - 0 -

Total Monetary \$ - 0 -

In-Kind \$ - 0 -

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 100.00

Transfers to Office Account \$ -

Total Monetary \$ 100.00

(8) Other Distributions \$ -

(9) TOTAL Monetary Contributions To Date

\$ 3905.00

(10) TOTAL Monetary Expenditures To Date

\$ 1961.17

(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) Luis G. Rimoli

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X
Signature

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

(Type name) Bill Harris

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

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bill Harris (2) I.D. Number _____

3) Cover Period 7, 7, 12 through 7, 20, 12 (4) Page _____ of _____

(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
/ /	<i>NOTHING TO REPORT ON THIS FORM</i>						
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BILL HARRIS

(2) I.D. Number _____

3) Cover Period 7, 7, 12 through 7, 20, 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
7/11/12	DANIA PO Box 128 DANIA BEACH FL 33014	ADVERTISING	MON		100 ⁰⁰
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