

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

(1) _____
 (2) Name Sheila D. Alw
 Address (number and street) 12717 W. Sunrise Blvd Ste 305
 City, State, Zip Code SUNRISE, FL 33323

OFFICE USE ONLY

10 JUL 12 PM 2:03
 CITY CLERK
 CITY OF SUNRISE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): City Commission Group C
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication

- CHECK IF PC HAS DISBANDED
 CHECK IF CCE HAS DISBANDED
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 4 1 1 10 To 6 30 1 10 Report Type Q2
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____
 Loans \$ 100.00
 Total Monetary \$ _____
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

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

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 100.00

(10) TOTAL Monetary Expenditures To Date
 \$ 0

(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) _____
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Sheila D. Alw
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Sheila D. Alw
 Signature

X Sheila D. Alw
 Signature

