

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

(1) Lawrence "Larry" Sofield  
Name

(2) 6601 NW 27 St.  
Address (number and street)

Sunrise, Fl. 33313  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Commission Group D

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

10 JAN 11 PM 3:31  
CITY CLERK  
CITY OF SUNRISE

**(5) REPORT IDENTIFIERS**

Cover Period: From 10/01/09 To 12/31/09 Report Type Q4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 500.<sup>00</sup>

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 500.<sup>00</sup>

**(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.

(Type name) Katherine Sofield

Individual (only for electioneering commu)  Treasurer  Deputy Treasurer

**X** [Signature]  
Signature

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

(Type name) Lawrence Sofield

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

**X** [Signature]  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Lawrence "Larry" SoField

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/01/09 through 12/31/09

(4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
11/18/09	Real Post, Inc. 10631 NW 535th Sunrise, FL. 33351	B	Sign Installer	Che			500. <sup>00</sup>
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