

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

(1) DENNIS CROSS
Name

(2) 47 FRONT STREET
Address (number and street)

PALM COAST, FLORIDA 32137

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY

2011 OCT 3 PM 3:15

(4) Check appropriate box(es):

Candidate (office sought): Council Member District #3

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 / 09 / 2011 To 09 / 30 / 2011 Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 150.00

Loans \$ 0.00

Total Monetary \$ 150.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 40.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 40.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 4,719.00

(10) TOTAL Monetary Expenditures To Date

\$ 4,472.46

(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) LEONARD KURP
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Leonard Kurp
Signature

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

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

X Dennis W. Cross
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DENNIS CROSS (2) I.D. Number _____

(3) Cover Period 09 / 09 / 2011 through 09 / 30 / 2011 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
09 / 22 / 2011	MICHAEL COCCHIOLA 32 WELLSLEY LANE PALM COAST, FL 32164			CHE			50.00
1							
09 / 22 / 2011	CAROL A MAY 24 FRONT STREET PALM COAST, FL 32137			CHE			100.00
2							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DENNIS CROSS

(2) I.D. Number _____

(3) Cover Period 09 / 09 / 2011 through 09 / 30 / 2011

(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					
09 / 22 / 11	DENNIS CROSS 47 FRONT STREET PALM COAST, FL 32137	REIMBURSEMENT TKTS FOR FILIPINO CLUB SPEAKING ENGAGEMENT	MON		\$40.00
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FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jason Delorenzo
Name

(2) 39 Piedmont Dr.
Address (number and street)

Palm Coast, FL 32164
City, State, Zip Code

OFFICE USE ONLY

2011 OCT 7 PM 3:53

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Palm Coast City Council District 3

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 / 17 / 11 To 09 / 30 / 11 Report Type GA

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 200

Loans \$ 0

Total Monetary \$ 200

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 15

Transfers to Office Account \$ 0

Total Monetary \$ 15

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions To Date
\$ 5755.38

(10) TOTAL Monetary Expenditures To Date
\$ 3457.23

(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) Lauren Walsh
 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) JASON DELORRENZO
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X 
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Jason DeLorenzo (2) I.D. Number _____

(3) Cover Period 09 / 17 / 11 through 09 / 30 / 11 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
9 10 ²³ / 11 1	LIVINGSTON, RUTH 313N CYPRESS ST FLAGLER BEACH, FL 32136	1	Retired	CHE			200
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jason DeLorenzo (2) I.D. Number _____

(3) Cover Period 09 / 17 / 11 through 09 / 30 / 11 (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
9/23/11	Constant Contact 1601 Trapelo Rd Waltham, MA 02451	Email Marketing	MON		15
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) William E. McGuire
Name
(2) 41 Beauford Ln.
Address (number and street)
Palm Coast, Florida 32137
City, State, Zip Code

OFFICE USE ONLY

2010017PM22

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): City Council, Seat One
- 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 9 17 11 To 9 30 11 Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.0

Loans \$ 385.00

Total Monetary \$ 385.00

In-Kind \$ 0.0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 469.73

Transfers to Office Account \$ _____

Total Monetary \$ 469.73

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 2306.00

(10) TOTAL Monetary Expenditures To Date

\$ 2298.73

(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) William E McGuire

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X William E McGuire
Signature

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

(Type name) William E McGuire

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

X William E McGuire
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name William E McGuire (2) I.D. Number _____

(3) Cover Period 9 / 17 / 11 through 9 / 30 / 11 (4) Page One of one

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
9 / 20 / 11 001	McGuire, William 41 Beauford Ln. Palm Coast, FL 32137	I	Candidate	LOA			385.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name William E McGuire (2) I.D. Number _____
 (3) Cover Period 9 / 17 / 11 through 9 / 30 / 11 (4) Page one of one

(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
9 / 23 / 11	Class A Graphics 7 Old Kings Rd. STE 1 Palm Coast, FL 32137	Purchase Brochures	DIS		469.73
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2011 OCT 7 PM 2:29

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

(1) Holsey A. Moorman
Name

(2) 56 Brookside Lane
Address (number and street)

Palm Coast, FL 32137

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY

10-06-11P01:00 RCVD

(4) Check appropriate box(es):

Candidate (office sought): City Council member 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 9 / 17 / 2011 To 9 / 30 / 2011 Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 300.00

Loans \$ 0.00

Total Monetary \$ 300.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1,124.41

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,124.41

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 7,665.00

(10) TOTAL Monetary Expenditures To Date

\$ 4,479.31

(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.

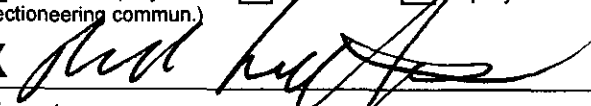
I certify that I have examined this report and it is true, correct, and complete.

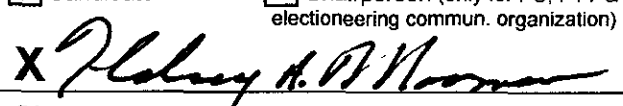
(Type name) Ralph Lightfoot

(Type name) Holsey A. Moorman

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X 

X 

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) NAME Holsey A. Moorman

(2) I.D. Number _____

(3) Cover Period 9/17/2011 Through 9/30/2011

(4) page 4 of _____

(5) <u>Date</u>	(7)		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	Full Name (last, Suffix, First, Middle) Street Address & City, State, Zip Code		Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
9/21/2011 <u>1</u>	LS 6 KEITH LANE BURLINGTON NJ	STROUD GC 08016-4125	I	RETIRED	CHE		\$200.00
9/26/2011 <u>2</u>	LAWRENCE 94 EMERSON PALM COAST FL	WEEMS 32164	I		CHE		\$100.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) NAME Holsey A. Moorman
 (3) Cover Period 9/17/2011 Through 9/30/2011

(2) I.D. Number _____
 (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						
9/22/2011 1	SUPERVISORS OF GSB BUNNELL, FL	ELECTIONS 32110	CD PRIMARY DATA	MON		\$5.00
9/22/2011 2	PALM COAST 23 UTILITY DRIVE PALM COAST FL	SIGNS 32137	SIGNS 4X4	MON		\$288.90
9/26/2011 3	PINE CONE DR PALM COAST FL	POSTMASTER 32164	STAMPS FOR DISTRICT MAILING	MON		\$440.00
9/26/2011 4	RALPH 38 FENWICK LANE PALM COAST FL	LIGHTFOOT 32127	REIMBRUSE WEB SITE HOSTING AND SERVICE	MON		\$240.51
9/26/2011 5	AFRICAN AMERIC PO BOX 350607 PALM COAST FL	CULTURAL SOCIET 32135-0607	JOURNAL AD	MON		\$150.00

1124.41