

**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

10/14/2011

(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 10 / 01 / 2011 To 10 / 14 / 2011 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 200.00

Loans \$ 0.00

Total Monetary \$ 200.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 60.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 60.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 4,919.00

(10) TOTAL Monetary Expenditures To Date

\$ 4,532.46

(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 Cross
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 / 01 / 2011 through 10 / 14 / 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 Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
10 / 06 / 2011	GLENN P LAURIE 55 N WATERSIDE DR PALM COAST, FL 32137			CHE			200.00
1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DENNIS CROSS

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 2011 through 10 / 14 / 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					
10 / 01 / 11	SUNTRUST BANK PALM COAST, FL 32137	BANK MAINTENANCE FEE	MON		\$10.00
1					
10 / 14 / 11	CITY OF BUNNELL 200 N CHURCH ST BUNNELL, FL 32110	DEPOSIT FOR SIGN PLACEMENTS	MON		\$50.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

(3) ID Number: _____

2011 OCT 21 AM 11:52

21 AM 11:52

(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 10 / 01 / 11 To 10 / 14 / 11 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1655

Loans \$ 0

Total Monetary \$ ~~1655~~ 1655

In-Kind \$ 185

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 622.50

Transfers to Office Account \$ 0

Total Monetary \$ 622.50

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions To Date
 \$ ~~7410.38~~ 7410.38

(10) TOTAL Monetary Expenditures To Date
 \$ 4029.73


(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) Lauren Walsh

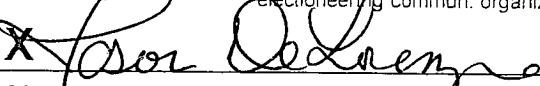
Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X 
 Signature

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

(Type name) JASON DELorenzo

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 10 / 01 / 11 through 10 / 14 / 11 (4) Page 1 of 2

(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							
10 / 03 / 11	Kelly, Patrick 21 Central Pl Palm Coast FL 32137	1	Consultant	CHE			100
1							
10 / 03 / 11	Carlton, Anne 96 Front St Palm Coast, FL 32137	1	Retired	CHE			100
2							
10 / 03 / 11	Chiumento & Associates 145 0000 City Pl. Palm Coast FL 32164	B	Attorneys	CHE			305
3							
10 / 03 / 11	Chiumento & Associates 145 City Pl. Palm Coast FL 32164	B	Attorneys	INK	Refreshments for Campaign Fundraiser		185
4							
10 / 03 / 11	McDonald, John 107 Edward Dr. Palm Coast FL 32164	1	Retired	CHE			100
5							
10 / 11 / 11	Europa Piano Lounge 101 Palm Harbor Pky. Palm Coast FL 32137	B	Restaurant	CHE			100
6							
10 / 11 / 11	Palmetto Electric PO Box 978 Bunnell, FL 32110	B	Electrician	CHE			100
7							
10 / 11 / 11	Lloyd, Jerry PO Box 1431 Flagler Beach, FL 32136	1		CHE			25
8							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 / 01 / 11 through 10 / 14 / 11 (4) Page 2 of 2

(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
10 / 11 / 11 9	Wilson, Anne 5750 N Oceanshore Blvd. Palm Coast FL 32137			CHE			25
10 / 11 / 11 10	Wilson, Matthew 1 Waywell Pl. Palm Coast FL 32164			CHE			25
10 / 11 / 11 11	Revels, Barbara PO Box 434 Flagler Beach FL 32136			CHE			25
10 / 11 / 11 12	Waste Pro 671 Holmes Blvd. St. Augustine, FL 32084	B	Waste Removal	CHE			500
10 / 11 / 11 13	Chaplin, Courtney 46 Woodcenter Ln. Palm Coast FL 32137		Retired	CHE			100
10 / 11 / 11 14	Triangle Av, LLC 279 Old Moody Blvd Palm Coast FL 32164	B	THAZ	CHE			150
10 / 11 / 11							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jason DeLorenzo (2) I.D. Number _____
 (3) Cover Period 10 / 01 / 11 through 10 / 14 / 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
10/05/11	Survey Monkey 285 Hamilton Ave. Palo Alto, CA 94301	Volunteer Coordination	MON		24
1					
10/12/11	Palm Coast Signs 23 Utility Dr. Palm Coast, FL 32137	signs	MON		588.50
2					
10/12/11	Supervisor of Election 1769 E Moody Blvd Bldg 2 Bunnell, FL 32110	Address List	MON		10
3					
/ /					
/ /					
/ /					
/ /					
/ /					

**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

CHECK IF ADDRESS HAS CHANGED

(3) ID Number _____

OFFICE USE ONLY

2011 OCT 21 PM 2:55

(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 10 / 1 / 11 To 10 / 14 / 11 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 250.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ _____

Total Monetary \$ 0.00

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date

\$ 2456.00

(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

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT SUMMARY

<p>(1) Type full name of candidate, political committee, committee of continuous existence, party executive committee, or individual or organization filing an electioneering communication report.</p>																					
<p>(2) Type the address (include city, state, and zip code). You may use a post office box. If the address has changed since the last report filed, check the appropriate box.</p>																					
<p>(3) Type identification number assigned by the Division of Elections.</p>																					
<p>(4) Check one of the appropriate boxes: Candidate (type office sought - include district, circuit, or group numbers) Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication If PC or CCE has disbanded and will no longer file reports, check appropriate box. If individual or organization will no longer file electioneering communication reports, check appropriate box.</p>																					
<p>(5) Type the cover period dates (e.g., From <u>07/01/03</u> To <u>09/30/03</u>) Enter the report type using one of the following abbreviations (see <i>Calendar of Election and Reporting Dates</i>). If report is for a special election, add "S" in front of the report code (e.g., SG3).</p>																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Quarterly Reports</th> </tr> </thead> <tbody> <tr> <td>January Quarterly</td> <td style="text-align: right;">Q4</td> </tr> <tr> <td>April Quarterly</td> <td style="text-align: right;">Q1</td> </tr> <tr> <td>July Quarterly</td> <td style="text-align: right;">Q2</td> </tr> <tr> <td>October Quarterly</td> <td style="text-align: right;">Q3</td> </tr> </tbody> </table>	Quarterly Reports		January Quarterly	Q4	April Quarterly	Q1	July Quarterly	Q2	October Quarterly	Q3	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">General Election Reports</th> </tr> </thead> <tbody> <tr> <td>46th Day Prior</td> <td style="text-align: right;">G1</td> </tr> <tr> <td>32nd Day Prior</td> <td style="text-align: right;">G2</td> </tr> <tr> <td>18th Day Prior</td> <td style="text-align: right;">G3</td> </tr> <tr> <td>4th Day Prior</td> <td style="text-align: right;">G4</td> </tr> </tbody> </table>	General Election Reports		46 th Day Prior	G1	32 nd Day Prior	G2	18 th Day Prior	G3	4 th Day Prior	G4
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18 th Day Prior	F2																				
4 th Day Prior	F3																				
90-Day Termination Reports (Candidates Only)																					
Termination Report	TR																				
<p>Check one of the appropriate boxes: Original (first report filed for this reporting period) Amendment (an amendment to a previously filed report) Special Election Report Independent Expenditure Report (see Section 106.071, F.S.)</p>																					
<p>(6) Type the amount of all contributions this report: Cash & Checks Loans Total Monetary (sum of Cash & Checks and Loans) In-kind (a fair market value must be placed on the contribution at the time it is given)</p>																					
<p>(7) Type the amount of all expenditures this report: Monetary Expenditures Transfers to Office Account (elected candidates only) Total Monetary (sum of Monetary Expenditures and Transfers to Office Account)</p>																					
<p>(8) Type the amount of other distributions (goods & services contributed to a candidate or other committee by a PC, CCE or PTY).</p>																					
<p>(9) Type the amount of TOTAL monetary contributions to date (parties keep cumulative totals for 2 year periods at a time (e.g., 01/01/02 – 12/31/03). Candidates keep cumulative totals from the time the campaign depository is opened through the termination report).</p>																					
<p>(10) Type the amount of TOTAL monetary expenditures to date (parties keep cumulative totals for 2 year periods at a time (e.g., 01/01/02 – 12/31/03). Candidates keep cumulative totals from the time the campaign depository is opened through the termination report).</p>																					
<p>(11) Type or print the required officer's name and have them sign the report: Candidate report (treasurer & candidate must sign) PC report (treasurer & chairperson must sign) CCE report (treasurer must sign) PTY report (treasurer & chairperson must sign) Electioneering Communication report (individual or organization's treasurer & chairperson must sign)</p>																					
<p>AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94. The Division will summarize all reports submitted for each reporting period and for the filer to date.</p>																					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name William E. McGuire

(2) I.D. Number _____

(3) Cover Period 10/1/11 through 12/14/11

(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
(6) Sequence Number					
//					0.00
//					
//					
//					
//					
//					

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

- (1) Type candidate's full name or name of the political committee (PC), committee of continuous existence (CCE) or party executive committee (PTY).
- (2) Type identification number assigned by the Division of Elections.
- (3) Type cover period dates (07/01/03 through 09/30/03). (See *Calendar and Election Dates* for appropriate cover periods.)
- (4) Type page numbers (e.g., 1 of 3).
- (5) Type date of expenditure (Month/Day/Year).
- (6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the Division and for reporting requirements.

For example, a Q1 report having 40 expenditures would use sequence numbers 1 through 40. The next report (Q2), comprised of 30 expenditures would use sequence numbers 1 through 30. Expenditures on amended Q1 reports would begin with sequence number 41 and on amended Q2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

- (7) Type full name and address of entity receiving payment (including city, state and zip code).
- (8) Type purpose of expenditure (if expenditure is a contribution to a candidate, also type the office sought by the candidate). **PLEASE NOTE:** This column does not apply to candidate expenditures, as candidates cannot contribute to other candidates from campaign funds. However, PCs (supporting candidates), CCEs and party executive committees contributing to candidates must report office sought (Section 106.07, F.S.).
- (9) Enter Expenditure Type using one of the following codes:

DESCRIPTION	CODE
Disposition of Funds (Candidate)	DIS
Monetary	MON
Petty Cash Withdrawn	PCW
Petty Cash Spent	PCS
Transfer to Office Account	TOA
Refund	REF

- (10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) expenditure for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for expenditures with amendment type "ADD" will start at one plus the number of expenditures in the original report. For example, amending an original Q1 reports that had 75 expenditures, means the sequence number of the first expenditure having amendment type "ADD" will be 76; the second "ADD" expenditure would have sequence number 39.

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

- (11) Type amount of expenditure.

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10, 01, 11 through 10, 14, 11 (4) Page One of One

(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	Contribution Type	In-kind Description	Amendment	Amount
10, 10, 11	Willman, Lee 39 Florida Park Dr. Palm Coast, FL 32137	I		CAS			100.00
001							
10, 10, 11	McGuire, Sandra K 41 Beaumont Ln. Palm Coast FL, 32137	I		CHK			150.00
002							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

From: TomIT5@aol.com
To: MsSandu@aol.com
Subject: Fwd: Fw: * Gay Terrorist *
Date: Mon, Aug 30, 2010 6:16 pm

Fwd: Fw: * Gay Terrorist *

**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: _____

(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 10 / 01 / 2011 To 10 / 14 / 2011 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 730.00

Loans \$ 0.00

Total Monetary \$ 730.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 684.38

Transfers to Office Account \$ 0.00

Total Monetary \$ 684.38

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 8,395.00

(10) TOTAL Monetary Expenditures To Date

\$ 5,163.69

(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 10/01/2011 Through 10/14/2011

(4) page 4 of 4

(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						
10/5/2011 1	HERMAN & MADA PRICE PO BOX 350100 PALM COAST FL 32135-0100	I RETIRE	CHE			\$200.00
10/5/2011 2	ROBERT & SANDR DEVORE 64 CHRISTOPHER CT PALM COAST FL 32137	I RETIRE	CHE			\$250.00
10/11/2011 3	LINDA & FOSTER VESTAL 9 N. PARK CIRCLE PALM COAST FL 32137	I RETIRE	CHE			\$100.00
10/13/2011 4	JAMES & PAT MCNUTT PO BOX 353787 PALM COAST FL 32135-3787	I RETIRE	CHE			\$30.00
10/14/2011 5	ROY & CAROLYN GILBERT 10 WILTSHIRE PL PALM COAST FL 32164	I RETIRE	CHE			\$50.00
10/14/2011 6	JOHNNIE HARRIS 2 WILTSHIRE PL PALM COAST FL 32164	I RETIRE	CHE			\$100.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) NAME Holsey A. Moorman

(2) I.D. Number _____

(3) Cover Period 10/01/2011 Through 10/14/2011

(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					
10/2/2011 1	FLAGLER LIVE.COM PO BOX 354263 PALM COAST FL 32135-4263	FLAGLERLIVE.COM AD	MON		\$200.00
10/8/2011 2	PALM COAST SIGNS 23 UTILITY DRIVE PALM COAST FL 32137	6X24 VOTE SIGNS (15)	MON		\$80.25
10/10/2011 3	PALM COAST PRINTING 4984 PALM COAST PARYWAY PALM COAST FL 32137	PRINTING POST CARDS	MON		\$93.09
10/11/2011 4	PALM COAST OBSERVER 1 FLORIDA PARK DR PALM COAST FL 32137	OCTOBER 20 POLITICAL AD 1/4	MON		\$311.04

684.38