

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

OFFICE USE ONLY
Karin E for city clerk's office
Rec'd. 1-13-12 3:15 pm.

(1) Susie E Gordon
Name
(2) 2351 NE 89 ST
Address (number and street)
Lighthouse Point, FL 33064
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): City Commission Seat 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 12 / 24 / 11 To 1 / 6 / 12 Report Type G-3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>2,750. -</u>
Loans	\$	<u>- 0 -</u>
Total Monetary	\$	<u>2,750. -</u>
In-Kind	\$	<u>- 0 -</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>212.23</u>
Transfers to Office Account	\$	<u>- 0 -</u>
Total Monetary	\$	<u>212.23</u>

(8) Other Distributions
\$ - 0 -

(9) TOTAL Monetary Contributions To Date
\$ 6,250. -

(10) TOTAL Monetary Expenditures To Date
\$ 666.20

(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) DANIEL E GORDON
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Daniel E Gordon
Signature

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

(Type name) SUSIE E. GORDON
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Susie E Gordon
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name SUSIE E. GORDON (2) I.D. Number _____

(3) Cover Period 12, 24, 11 through 1, 6, 12 (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		Type	Occupation	Type	Description		
1, 6, 12	LAMARCA CONSTRA UCTION	B	GENERAL CONTRACTOR	CHE			\$100.-
1	4616 N. Fed. Hwy LHP, FL 33064						
1, 6, 12	LINDA Hinkle	I	School Teacher	CHE			\$100.-
2	4151 NE 22 TERR LHP, FL 33064						
1, 6, 12	WRIG ELECTRIC	B	Electrical Contractor	CHE			\$100.-
3	3799 NE 12 AVE PONDANO Bch, FL 33064						
1, 6, 12	DOMINIC ROMANO	B	LAW SIRM	CHE			\$100.-
4	2701 W. OAKLAND PK OAKLAND PK, FL 33311						
1, 6, 12	TRACY McARDER	I	INDUSTRIAL executive	CHE			\$100.-
5	4221 NE 22 TERR. LHP, FL 33064						
1, 6, 12	John McQuestion	I	Real estate	CHE			\$100.-
6	2620 NE 51 ST LHP, FL 33064						
1, 6, 12	JAN NOUSS	I	CPA	CHE			\$150.-
7	2341 NE 88 ST LHP, FL 33064						
1, 6, 12	MARK DUFFY	I	Auto executive	CHE			\$150.-
8	4220 NE 31 AVE LHP, FL 33064						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name SUSIE E. Gordon

(2) I.D. Number _____

(3) Cover Period 12, 24, 11 through 1, 6, 12

(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	Amendment	Amount
1, 6, 12 9	DOMINIC Kleinbar 2510 NE 44th St HWP, FL 33064	I	Doctor	CHE			\$200.-
1, 6, 12 10	Joe CANGIANO 4130 NE 30 Ave HWP, FL 33064	I	Fiberoptics Executive	CHE			\$200.-
1, 6, 12 11	Daniel Dodge 901 Hillsboro M th Hillsboro B ^h FL 33062	F	Resort Manager	CHE			\$200.-
1, 6, 12 12	SUSAN Gallo 4010 NE 30 Ave HWP, FL 33064	I	Contractor	CHE			\$250.-
1, 6, 12 13	Michelle Greave 3320 Fed. Hwy HWP, FL 33064	I	Insurance Agent	CHE			\$250.-
1, 6, 12 14	DAN-3050 Properties 3050 N. Fed. HWP, FL 33064	B	Building Owner	CHE			\$250.-
1, 6, 12 15	Timothy O'CONNOR 2645 NE 24th St HWP, FL 33064	F	Business Executive	CHE			\$300.-

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name SUSIE E. GORDON (2) I.D. Number _____

(3) Cover Period 12/24/11 through 1/6/12 (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
1/25/12 1	STAPLES 3742 N. Fed. LIGHTHOUSE POINT, FL 33064	PRINTING SUPPLIES INK	MON		\$141.98
1/6/12	SUPERVISOR OF ELECTORS FT. LAUDERDALE, FLA	VOTING RECORDS	MON		\$70.25
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KCS 1-13-12