

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

(1) Earl Maucker  
Name

(2) 3511 NE 26 Avenue  
Address (number and street)

Lighthouse Point, FL 33064  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): Lighthouse Point city Commission 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

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

**OFFICE USE ONLY**  
*Received 4/27/12*  
*Jpm*  
*frude*

**(5) REPORT IDENTIFIERS**

Cover Period: From 12 / 10 / 11 To 12 / 23 / 11 Report Type G2

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks        \$ 1,300.00

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

Total Monetary        \$ \_\_\_\_\_

In-Kind                 \$ 100.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 742.00

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

Total Monetary        \$ 742.00

**(8) Other Distributions**

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

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

\$ 1,900.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 921.87

**(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) Earl Maucker  
 Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

**X** Earl Maucker  
Signature

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

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

**X** Earl Maucker  
Signature