

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

(1) Chickie Brandimarte  
Name

(2) Dania Beech Fl 33004  
Address (number and street)  
City, State, Zip Code

**OFFICE USE ONLY**

**RECEIVED**  
OCT 19 2010  
BY: AS

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):  
 Candidate (office sought): Chickie Brandimarte  
 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 07/01/10 To 09/30/10 Report Type Q3  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1672.<sup>00</sup>  
 Loans \$ 0  
 Total Monetary \$ 1672.<sup>00</sup>  
 In-Kind \$ 36.<sup>04</sup>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 819.<sup>07</sup>  
 Transfers to Office Account \$ 0  
 Total Monetary \$ 819.<sup>07</sup>

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ 1672.<sup>00</sup>

(10) TOTAL Monetary Expenditures To Date  
\$ 819.<sup>07</sup>

**(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) Robert Adams  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
X RAMD  
 Signature

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

(Type name) Chickie Brandimarte  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  
X Chickie Brandimarte  
 Signature

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

(1) Name Chickie Brandimarte (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07/01/10 through 09/30/10 (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							
07/15/10	Walter Bohanon 312 SW 15th St Dania Beach Fl 33004	1		CHE		DEL	\$250.-
2							
07/15/10	Walter Bohanon 312 SW 15th St. Dania Beach Fl 33004	1	Retired	CHE		ADD	\$250.-
16							
07/15/10	Debbie Demas Healy 65 N Beach Rd. Dania Beach Fl 33004	1		CHE		DEL	\$250.-
3							
07/15/10	Debbie Demas Healy 65 N Beach Rd. Dania Beach Fl 33004	1	Restu- ranteur	CHE		ADD	\$250.-
17							
07/15/10	3s Company 242 E Dania Beach Blvd. Dania Bch Fl 33004	B		CHE		DEL	\$250.-
4							
07/15/10	3s Company 242 E Dania Beach Blvd. Dania Bch fl 33004	B	Restaurant	CHE		ADD	\$250.-
18							
1							
1							