

TOWN OF LAKE PARK

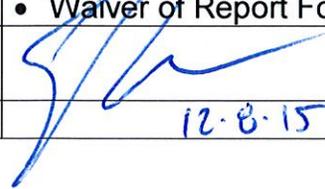
2016 Municipal Election – Tuesday, March 15, 2016

Town Clerk's Checklist

Candidate Information

Candidate's Name:	Erin Flaherty
Candidate's Phone No.	561-252-7179
Candidate's Cell No.	
Candidate's Email Address:	erinflaherty@gmail.com
Candidate's Home Address:	639 Evergreen Dr Lake Park FL 33403

Candidate Information Handbook

<p>Election Information Packet on CD</p>	<ul style="list-style-type: none"> • Absentee Ballot Information • Affidavit of Undue Burden • Campaign Loan Itemized Form • Campaign Loan Report Form • 2015 Candidate and Campaign Treasurer Handbook — • 2016 Candidate Petition Handbook • Campaign Signage – Town Code and Florida Statutes • Contact Information • Contributions Return Form • Designation of Poll Watchers Form and Information • Elections – Town Code • 2015 Election Laws F. S. Chapters 97 through 106 — • 2015 Florida Commission on Ethics, Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees • Florida Commission on Ethics Guide to Gifts Law Summary • 2015 Government in the Sunshine Manual — • Information Regarding Ballot Name • Information Regarding Qualifying Fees • Map of Precincts • Obtaining an EIN Number • Palm Beach County Commission on Ethics Code and Ethics Pledge • Town Charter • Request for Return of Contribution Form • 2014 State of Florida Constitution • Waiver of Report Form
<p>Candidate's Signature:</p>	
<p>Acknowledgement of Receipt</p>	<p>12-8-15</p>
<p>Date of Signature:</p>	<p> </p>

Candidate Qualifying Requirements

Public Office Seeking: (Circle One)	Mayor	Commission	
Resident of Lake Park? (6 months preceding elections)	Documentation Proof -		
Registered Voter of PBC?		Yes	No
Copy of PBC Voter Registration Card		Yes	No
PBC must verify Voter Registration	Date of verification:		
Candidate serving on Town Board?	Name of Board:	Yes	No
Resignation from Board, if applicable?		Yes	No
Candidate: Appointment of Campaign Treasurer?	Treasurer's Name: <i>Sue Duchene</i>	Yes	No
	Date Signed <i>12/8/15</i>		
Candidacy Notice for Commission	Date Signed <i>12/8/15</i>		
Financial Disclosure Form	Date Signed <i>on file earlier this year 2015</i>		

Candidate Using Alternate Method of Qualifying?

Using Alternate Method for Qualifying and Filing Forms?	Yes	No
If using the Alternate Method of Qualifying, the deadline to submit petitions for verification to the Palm Beach County Supervisor of Elections no later than 12:00 p.m. on the 28 th day preceding the first day of qualifying, which is Tuesday, October 27, 2015.	Petitions Submitted	
	Yes	No

Election Filing Fees

Election Filing Fees Information	Mayor	Commission	Amount Paid	
Town Filing Fee = \$25.00	\$ 25.00	\$ 25.00		
Election Assessment Fee is 1% of Salary per F.S. 99.093 Municipal candidates; election assessment.	\$ 100.00	\$ 93.85		
Mayor's Salary = \$10,000.00 Commission Salary = \$ 9,385.00				
Total Filing Fees	\$ 125.00	\$ 118.85	Yes	No

Candidate Qualifying Requirements

Loyalty Oath/Affidavit	Date of Oath: <u>12/8/15</u>		
Certification for Logistics and Accuracy Testing.	Test Date: Wednesday, February 24, 2016, 10:00 a.m. at 7835 Central Industrial Drive, Riviera Beach	Yes	<u>No</u>
	Will you be attending?		
Statement of Candidate (Due to <u>Town Clerk</u> within 10 days of filing for Public Office per F.S. 106)	Date Signed: <u>12/8/15</u>		
Submit names of Poll Watchers, if applicable. Submit to Supervisor of Elections by March 1, 2016 at Noon per F.S. 101.131(2)	Names of Poll Watchers:	Yes	<u>No</u>

Campaign Treasurer's Reports Opposed Candidates

DEADLINE REPORT DUE	OPOSED CANDIDATE	SUBMITTAL DATE / TIME:
November 10, 2015 ~ 5:00 pm	Campaign Treasurer's Report (M10) Report covers date of Appointment of Campaign Treasurer form filed or from 10/1/2015 through 10/31/2015	/
December 10, 2015 ~ 5:00 pm	Campaign Treasurer's Report (M11) Report covers date of Appointment of Campaign Treasurer form filed or from 11/1/2015 through 11/30/2015	/
January 11, 2016 ~ 5:00 pm	Campaign Treasurer's Report (M12) Report covers date of Appointment of Campaign Treasurer form filed or from 12/1/2015 through 12/31/2015 <i>Report type</i>	<u>1/11/16 pm</u>
February 10, 2016 ~ 5:00 pm	Campaign Treasurer's Report (M1) Report covers date of Appointment of Campaign Treasurer form filed or from 1/1/2016 through 1/31/2016	<u>2/10/16 pm</u>

<p>February, 19, 2016 ~ 5:00 pm</p>	<p>Campaign Treasurer's Report (G1) Report covers period of time from 2/1/16 through 2/12/16</p>	<p>2/19/16 (M)</p>
<p>March 4, 2016 ~ 5:00 pm</p>	<p>Campaign Treasurer's Report (G2) Report covers period of time from 2/13/16 through 2/26/16</p>	<p>3/4/16 (M)</p>
<p>March 11, 2016 ~ 5:00 pm</p>	<p>Campaign Treasurer's Report (G3) Report covers period of time from 2/27/16 through 3/10/16</p>	<p>3/11/16 (M)</p>
<p>June 13, 2016 ~ 5:00 pm</p>	<p>FINAL: Campaign Treasurer's Report (TR) Report covers period of time from 3/11/16 through 6/13/16</p>	

**Campaign Treasurer's Reports
Penalties F.S. 106.07**

NOTE: Campaign Treasurer's Reports must be filed with the Municipal Filing Officer/Town Clerk by the deadline(s) or must be postmarked by midnight of the deadline(s) date to avoid a fine levied against the candidate of \$50 per day for the first three (3) days. On the fourth (4th) day, \$500 shall be imposed, pursuant to Florida State Statutes. 106.07.

**Contributions Deadline
F.S. 106.08(3)**

<p>Thursday, March 10, 2016 12:00 ~ Midnight</p>	<p>Deadline to receive contributions for Municipal Election on Tuesday, March 15, 2016. Any contributions received after this date must be returned to the contributor.</p>
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**Expenditure Deadline
For Termination Reports**

<p>Monday, March 7, 2016 ~ 5:00 p.m.</p>	<p>Unopposed Candidates Final (90 Days) Treasurer's Report (TR) Report covers period of time from through 03-07-2016</p>
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INSTRUCTIONS: INSERTING PHONETIC SPELLING OF CANDIDATE'S NAME FOR AUDIO BALLOT

Use the PRONUNCIATION KEY below to provide pronunciations for ambiguous first names and surnames. Capitalize STRESSED syllables, use lower case for unstressed syllables. Use dashes (-) to separate syllables. You should also add any notes such as rhyming examples, silent letters, etc.

Samples:

PRONUNCIATION KEY Stressed Vowel Sounds	
EE	(FEET) feet
I	(FIT) fit
E	(BED) bed
A	(KAT) cat (KAD) cad
AH	(FAH-thur) father (PAHR) par
AH	(HAHT) hot (TAH-dee) toddy
UH	(FUHJ) fudge (FLUHD) flood
UH	(CHUHRCH) church
AW	(FAWN) fawn
U	(FUL) full
OO	(FOOD) food
OU	(FOUND) found
O	(FO) foe
EI	(FEIT) fight
AI	(FAIT) fate
OI	(FOIL) foil
YOO	(FYOOR-ee-uhs) furious

NAME ON BALLOT	PRONOUNCED AS
Mishaud	mee-SHO ('d' is silent)
Jahn	HAHN (rhyme: fawn)
Beauprez	boo-PRAI (rhyme: hooray)
Maniscalco	man-uh-SKAL-ko
Tangipahoa	TAN-ji-pah-HO-uh
Monte	Mahn-TAI
Tanya	TAWN-yuh (not TAN)

Unstressed Vowel Sounds	
uh	(SO-fuh) sofa (FING-guhr) finger

Certain Vowel Sounds with R	
AHR	(PAHR) par
ER	(PER) pair
IR	(PIR) peer
OR	(POR) pour
OOR	(POOR) poor
UHR	(PUHR) purr

Consonant Sounds			
B	(BED) bed	TS	(ITS) its (PITS-feeld) Pittsfield
D	(DET) debt	TH	(THEI) Thigh
F	(FED) fed	TH	(THEI) Thy
G	(GET) get	ZH	(A-zuhr) azure (VI-zuhn) vision
H	(HED) head	Z	(GOODZ) goods (HUH-buhz-tuhn) Hubbardston
HW	(HWICH) which		
J	(JUHJ) jug		
K	(KAD) cad		
L	(LAIM) lame		
M	(MAT) mat		
N	(NET) net		
NG	(SING-uhr) singer		
P	(PET) pet		
R	(RED) red		
S	(SET) set		
T	(TEN) ten		
V	(VET) vet		
Y	(YET) yet		
W	(WICH) witch		
CH	(CHUCRCH) church		
SH	(SHEEP) sheep		

NOTE: This page should not be submitted to the filing officer.

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

12-08-15A09:40 RCVD

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Erin T. Flaherty

3. Address (include post office box or street, city, state, zip code)

639 Evergreen Dr.
Lake Park FL 33403

4. Telephone

(561) 252-7179

5. E-mail address

erintflaherty@gmail.com

6. Office sought (include district, circuit, group number)

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Sue Duchene

11. Mailing Address

134 Park Ave

12. Telephone

()

13. City

Lake Park

14. County

Palm Beach

15. State

FL

16. Zip Code

33403

17. E-mail address

S.duchene@att.net

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

PNC BANK

20. Address

1200 East Blue Heron Boulevard

21. City

Riviera Beach

22. County

Palm Beach

23. State

FL

24. Zip Code

33404

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

12.4.15

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Sue Duchene, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

12/08/2015
Date

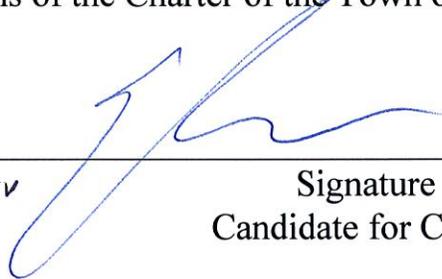
X 
Signature of Campaign Treasurer or Deputy Treasurer



NOTICE OF CANDIDACY FOR TOWN COMMISSIONER

I, Erin T. Flaherty, residing at 639 Evergreen Dr.,
Town of Lake Park, Palm Beach County, Florida, do hereby give notice of my
candidacy for the office of Town Commissioner of the Town of Lake Park, Florida, in
the forthcoming election to be held in said Town on March 15, 2016.

I do further state that I am a bona fide citizen of the United States of America and a
resident of the Town of Lake Park; that I have resided in the Town of Lake Park for
the six (6) months immediately preceding the date of the election to be held in the
Town of Lake Park; that I am over the age of eighteen (18) years; that I have paid the
qualifying fee for said office, and that I have fully satisfied all conditions precedent to
such candidacy, pursuant to the provisions of the Charter of the Town of Lake Park.

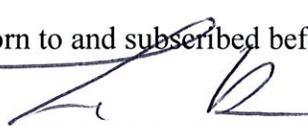
FILE VERIFIED

Signature of Candidate
Candidate for Commissioner

STATE OF FLORIDA
COUNTY OF PALM BEACH

Before me, the undersigned authority, this day appeared Erin Flaherty, who,
upon being duly sworn, deposed and said; That (s)he is the candidate referred to in the foregoing
notice; that (s)he is familiar with the contents of said notice and that the facts and matters herein
stated are true; and that (s)he did sign a notice for the purpose therein specified.


Candidate *FILE VERIFIED*

Sworn to and subscribed before me this 4 day of DECEMBER, 2015


Notary Public, State of Florida at Large

12/9/16
My Commission expires:

 FRANK BRANDI
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE849242
Expires 12/9/2016

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

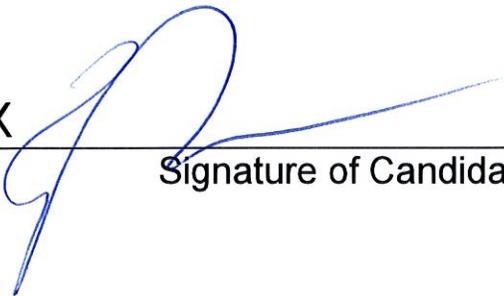
I, Eoin T. Flaherty ,

candidate for the office of Commissioner Town of Lake Park ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

 12.4.15

Date

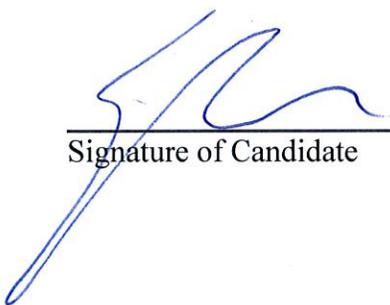
Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

TOWN OF LAKE PARK



RECEIPT OF NOTICE FOR TESTING OF EQUIPMENT

I, Erin T. Flaherty, a candidate for the office of Town Commissioner in the Town of Lake Park, Florida, hereby acknowledge the receipt of the written notice prepared by the Clerk of the Town of Lake Park advising the date and location for testing of computer electronics system tabulation equipment to be used in the General Election to be held on March 15, 2016.

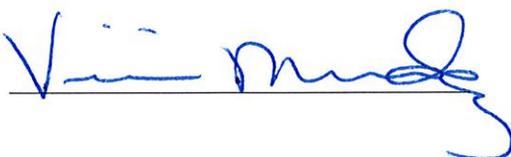


Signature of Candidate

12.4.15

Date

Witness:





VOTER CARD • PALM BEACH COUNTY, FLORIDA
TARJETA ELECTORAL, CONDADO DE PALM BEACH, FLORIDA

REGISTRATION NUMBER <i>Numero de Inscripcion</i>	REGISTRATION DATE <i>Fecha de Inscripcion</i>	PRECINCT <i>Distrito Electoral</i>
118906194	05-31-2011	7012

FLAHERTY, ERIN THOMAS
 639 EVERGREEN DR
 LAKE PARK FL 33403

Signature of Voter *Firma de Votante* 08/27/1979 NPA

X

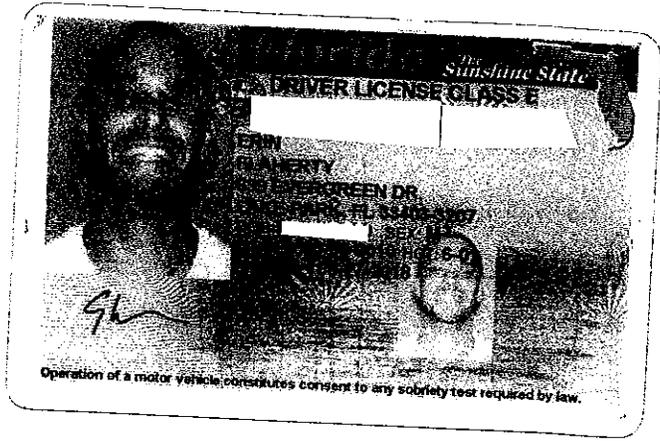
FOLD HERE / DOBLE AQUI

YOUR PRECINCT NUMBER *Su Número de Distrito Electoral* ▶ 7012
 YOUR POLLING LOCATION *Su Centro Electoral*
 ST JOHN LUTHERAN CHURCH
 241 CYPRESS DR LAKE PARK

YOU ARE ELIGIBLE TO VOTE FOR A REPRESENTATIVE IN EACH DISTRICT LISTED
 USTED PUEDE VOTAR POR UN REPRESENTANTE DE CADA DISTRITO NOMBRADO

US CONGRESS	STATE SENATE	STATE HOUSE
Congreso de los EE.UU 20	Senado del Estado 27	Cámara de Diputados del Estado 88
COUNTY COMMISSION	SCHOOL BOARD	MUNICIPALITY
Comisión del Condado 7	Junta Escolar 7	Municipalidad LP

REGISTRATION NO ▶ 118906194 ◀ **NUMERO DE INSCRIPCION**
 SUSAN BUCHER • SUPERVISOR OF ELECTIONS / SUPERVISOR DE ELECCIONES

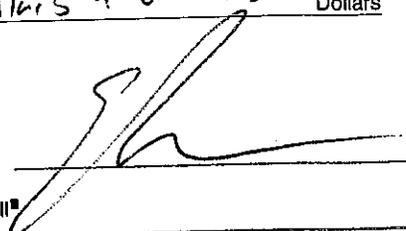


12-08-15 63-8419/2670
Date 739

Pay to the Order of Town of Lake Park \$ 118.85

One Hundred Eighteen Dollars & 85 cents Dollars  Security Features Details on Back.

PNC BANK
PNC Bank, N.A. 001

For _____  MP

⑆ 267084199⑆ ⑆ 219289296⑆

Harland Clarke

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

(1) ERIN T. FLAHERTY
Name

(2) 639 EVERGREEN DR
Address (number and street)
LAKE PARK, FL 33403
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY

01-11-16A09:38 RCVD

(4) Check appropriate box(es):

- Candidate (office sought): LAKE PARK COMMISSION
- 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 / 01 / 2015 To 12 / 31 / 2015 Report Type M12

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$ _____
Loans	\$ <u>118.85</u>
Total Monetary	\$ <u>118.85</u>
In-Kind	\$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$ <u>118.85</u>
Transfers to Office Account	\$ _____
Total Monetary	\$ <u>118.85</u>

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 118.85

(10) TOTAL Monetary Expenditures To Date
\$ 118.85

(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) SUE DUCHENE

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) ERIN T. FLAHERTY

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

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ERIN T. FLAHERTY (2) I.D. Number _____

(3) Cover Period 12 / 1 / 2015 through 12 / 31 / 2015 (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
12 / /	ERIN T. FLAHERTY 639 EVERGREEN DR LAKE PARK, FL 33403	S	CONSULTANT	CAS			118.85
001							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ERIN T. FLAHERTY

(2) I.D. Number _____

(3) Cover Period ¹² 1 / 1 / 2015 through ¹² 1 / 31 / 2015

(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					
12 / 8 / 2015 001	TOWN OF LAKE PARK 535 PARK AVE LAKE PARK, FL 33403	TOWN COMMISSION CANDIDATE FEE	CAN		118.85
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

52

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

(1) ERIN T. FLAHERTY
Name

(2) 639 EVERGREEN DR
Address (number and street)

LAKE PARK, FL 33403
City, State, Zip Code

OFFICE USE ONLY

02-10-16A10:57 RCVD

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): TOWN OF LAKE PARK COMMISSION
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 01 / 01 / 2016 To 01 / 31 / 2016 Report Type M1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ 0.00

Loans \$ _____ 0.00

Total Monetary \$ _____ 0.00

In-Kind \$ _____ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ 0.00

Transfers to Office Account \$ _____

Total Monetary \$ _____ 0.00

(8) Other Distributions
\$ _____ 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ 118.85

(10) TOTAL Monetary Expenditures To Date

\$ _____ 118.85

(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) SUE DUCHENE

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) ERIN T. FLAHERTY

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

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ERIN T. FLAHERTY (2) I.D. Number _____

(3) Cover Period 01 / 01 / 2016 through 01 / 31 / 2016 (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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ERIN T. FLAHERTY

(2) I.D. Number _____

(3) Cover Period 01/01/2016 / ____ / ____ through 01/31/2016 / ____ / ____

(4) Page 1 of 1

(5) Date (6) Sequence Number	(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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

(1) ERIN T. FLAHERTY
Name

(2) 639 EVERGREEN DR
Address (number and street)
LAKE PARK, FL 33403
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY

02-19-16P04:08 RCVD

(4) Check appropriate box(es):

- Candidate (office sought): TOWN OF LAKE PARK COMMISSION
- 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 02 / 01 / 2016 To 02 / 12 / 2016 Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 750.00

Loans \$ 0.00

Total Monetary \$ 750.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 868.85

(10) TOTAL Monetary Expenditures To Date

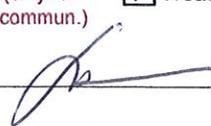
\$ 118.85

(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) SUE DUCHENE
 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) ERIN T. FLAHERTY
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ERIN T. FLAHERTY (2) I.D. Number _____

(3) Cover Period ⁰² / 05 / 16 through ⁰² / 12 / 16 (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
02/05/16 / /	SUE ELLEN DUCHENE	I	CLERICAL	CHE			50.00
001							
02/10/16 / /	LEE A. FISHER 4515 STATESMAN WY INDIANAPOLIS, IN 46250-4372	I	SEMI-RETIRED	CHE			200.00
002							
02/10/16 / /	EARL STEWART TOYOTA 1215 U.S. HWY 1 LAKE PARK, FL 33403	B	AUTO DEALERS	CHE			500.00
003							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ERIN T. FLAHERTY

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 16 through 02 / 12 / 16

(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
/ /	NO EXPENDITURES THIS PERIOD				
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) ERIN T. FLAHERTY
Name

(2) 639 EVERGREEN DR
Address (number and street)

LAKE PARK, FL 33403
City, State, Zip Code

OFFICE USE ONLY

03-04-16P01:23 RCVD

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): TOWN OF LAKE PARK COMMISSION
- 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 02 / 13 / 16 To 02 / 26 / 16 Report Type G2

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 250.00

Loans \$ 12.00

Total Monetary \$ 262.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 312.73

Transfers to Office Account \$ _____

Total Monetary \$ 312.73

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,130.85

(10) TOTAL Monetary Expenditures To Date

\$ 431.58

(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) SUE DUCHENE

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) ERIN T. FLAHERTY

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

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ERIN T. FLAHERTY (2) I.D. Number _____

(3) Cover Period 02 / ____ / ____ through 02 / ____ / ____ (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	Contribution Type	In-kind Description	Amendment	Amount
02/22/16 / / 001	NORTH PACIFIC 5520 PGA BLVD STE 200 PALM BEACH GARDENS, FL 33418	B	CHAMBER OF COMMERCE	CHE			250.00
02/22/16 / / 002	ERIN T. FLAHERTY 639 EVERGREEN DR LAKE PARK, FL 33403	S	CONSULTANT	CAS			12.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ERIN T. FLAHERTY

(2) I.D. Number _____

(3) Cover Period 02 / 13 / 16 through 02 / 26 / 16

(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					
02 / 18 / 16	BIG DADDY'S SIGNS 24 LEXINGTON DR, STE 1 LACONIA, NH 03246	CAMPAIGN SIGNAGE	CAN		\$300.73
001					
02 / 22 / 16	PALM BEACH COUNTY SUPERVISOR OF ELECTIONS 240 S. MILITARY TRL WEST PALM BEACH, FL 33415	VOTER DATABASE CD	CAN		\$12.00
002					
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/ /					

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

(1) ERIN T. FLAHERTY
Name

(2) 639 EVERGREEN DR
Address (number and street)

LAKE PARK, FL 33403
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): TOWN OF LAKE PARK COMMISSION

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 02 / 27 / 16 To 03 / 10 / 16 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 9.00

Total Monetary \$ 9.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 460.79

Transfers to Office Account \$ _____

Total Monetary \$ 460.79

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,139.85

(10) TOTAL Monetary Expenditures To Date

\$ 892.37

(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) SUE DUCHENE
 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) ERIN T. FLAHERTY
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ERIN T. FLAHERTY (2) I.D. Number _____

(3) Cover Period 02/27/16 / _____ / _____ through 03/10/16 / _____ / _____ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
03/03/16 / / 001	ERIN T FLAHERTY 639 EVERGREEN DR LAKE PARK, FL 33403	S	CONSULTANT	CAS			9.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ERIN T. FLAHERTY

(2) I.D. Number _____

(3) Cover Period 02 / 27 / 16 through 03 / 10 / 16

(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					
03 / 09 / 16	ALPHAGRAPHERICS 3804 BURNS RD STE A PALM BEACH GARDENS, FL 33410	CAMPAIGN MAILERS	ECC		\$460.79
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ERIN T. FLAHERTY (2) I.D. Number _____

(3) Cover Period 03/11/16 / _____ / _____ through 06/13/16 / _____ / _____ (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				
06/03/16 / / 001	ERIN T FLAHERTY 639 EVERGREEN DR LAKE PARK, FL 33403	S	CONSULTANT	CAS			.94
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ERIN T. FLAHERTY

(2) I.D. Number _____

(3) Cover Period 03 / 11 / 16 through 06 / 13 / 16

(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					
03 / 17 / 16	LA FOGATA RESTAURANT 924 NORTHLAKE BLVD NORTH PALM BEACH, FL 33408 (561) 848-6565	VOLUNTEER, SUPPORTER DINNER	MON		\$155.80
001					
04 / 27 / 16	FACEBOOK WWW.FB.COM	COMMUNITY OUTREACH	ECC		\$50.04
002					
05 / 02 / 16	FACEBOOK WWW.FB.COM	COMMUNITY OUTREACH	ECC		\$9.89
003					
05 / 02 / 16	PNC BANK 950 Northlake Blvd, North Palm Beach, FL 33408 (561) 842-4266	BANK SERVICE CHARGE	MON		\$12.00
004					
05 / 04 / 16	FACEBOOK WWW.FB.COM	COMMUNITY OUTREACH	ECC		\$8.69
005					
06 / 01 / 16	PNC BANK 950 Northlake Blvd, North Palm Beach, FL 33408 (561) 842-4266	BANK SERVICE CHARGE	MON		\$12.00
006					
///					
///					