TOWN OF LAKE PARK
2016 Municipal Election – Tuesday, March 15, 2016

Town Clerk's Contact Log and Candidate Checklist

QUALIFYING CANDIDATE'S NAME: Erin Flaherty

Date	Logging of Discussion, Action or Issues
12/4/15	picked up a qualifying packet
12/8/15	qualified
12/8/15 10:55	provided the SOE voters registration card.
1/11/16	Campaign report M12
2/10/16	submit report M1
2/19/16	submit report G1
3/4/16	submit report G2
3/11/16	submitted report G3

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:	erintflaherty@gmail.com
Candidate's Home Address:	639 Evergreen Dr Lake Park FL 33403

Candidate Information Handbook

Election Information Packet on CD	• 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 Statues • 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
Candidate's Signature: Acknowledgement of Receipt	
Date of Signature:	12·8·15

Candidate Qualifying Requirements

Public Office Seeking: (Circle One)	Mayor	Commission	
Resident of Lake Park? (6 months preceding elections)	Documentation Proof - yes		
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: Sue Duchene Date Signed 12/8/15	Yes	No
Candidacy Notice for Commission	Date Signed 12/8/15		
Financial Disclosure Form	Date Signed on file earlier this year 2015		

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 28th 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. Mayor's Salary = $10,000.00 Commission Salary = $ 9,385.00	$ 100.00	$ 93.85		
Total Filing Fees	**$ 125.00**	**$ 118.85**	Yes	No

Candidate Qualifying Requirements

Loyalty Oath/Affidavit	Date of Oath: 12/8/15		
Certification for Logistics and Accuracy Testing.	Test Date: **Wednesday, February 24, 2016, 10:00 a.m. at 7835 Central Industrial Drive, Riviera Beach** Will you be attending?	Yes	No
Statement of Candidate (Due to Town Clerk within 10 days of filing for Public Office per F.S. 106)	Date Signed: 12/8/15		
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	No

Campaign Treasurer's Reports
Opposed Candidates

DEADLINE REPORT DUE	OPPOSED 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 type Report covers date of Appointment of Campaign Treasurer form filed or from 12/1/2015 through 12/31/2015	1/11/16 pm
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	2/10/16 pm

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

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 Statues. 106.07.**

Contributions Deadline
F.S. 106.08(3)

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

Expenditure Deadline
For Termination Reports

Monday, March 7, 2016 ~ 5:00 p.m.	**Unopposed Candidates Final (90 Days) Treasurer's Report (TR)** Report covers period of time from through 03-07-2016

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Erin T. Flaherty

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Commissioner (office), — (district #),

— (circuit #), — (group or seat #); I am a qualified elector of Palm Beach County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X _____ (561) 252-7179 erintflaherty@gmail.com

Signature of Candidate — **Telephone Number** — **Email Address**

FLDL VERIFIED

639 Evergreen Dr. Lake Park FL 33403

Address — **City** — **State** — **ZIP Code**

Candidate's Florida Voter Registration Number (located on your voter information card): 118906194

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (*see* instructions on page 2 of this form):

Air-rin Fla-her-t

STATE OF FLORIDA

COUNTY OF PALM BEACH

Sworn to (or affirmed) and subscribed before me this 4 **day of** DECEMBER, **20** 15.

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced: FLDL VERIFIED

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

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

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.*

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*

Samples:

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) Pi*tts*field
D	(DET) *debt*	TH	(THEI) *Thigh*
F	(FED) *fed*	TH	(THEI) *Thy*
G	(GET) *get*	ZH	(A-zhuhr) *azure* (VI-zhuhn) *vision*
H	(HED) *head*	Z	(GOODZ) *goods* (HUH-buhz-tuhn) Hubbardston
HW	(HWICH) *which*		
J	(JUHG) *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)

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

12-08-15A09:40 RCVD

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):
[X] 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 [X] No Party Affiliation [ ] _____ Party candidate.

9. **I have appointed the following person to act as my** [ ] Campaign Treasurer [X] 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** [X] 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.

FIDL 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 FIDL VERIFIED

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

Notary Public, State of Florida at Large

My Commission expires: 12/9/16

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

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

I, Erin 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 *Numero de Inscripcion*	REGISTRATION DATE *Fecha de Inscripcion*	PRECINCT *Distrito Electoral*
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 AQUÍ

YOUR PRECINCT NUMBER ***Su Número de Distrito Electoral*** ▶ 7012

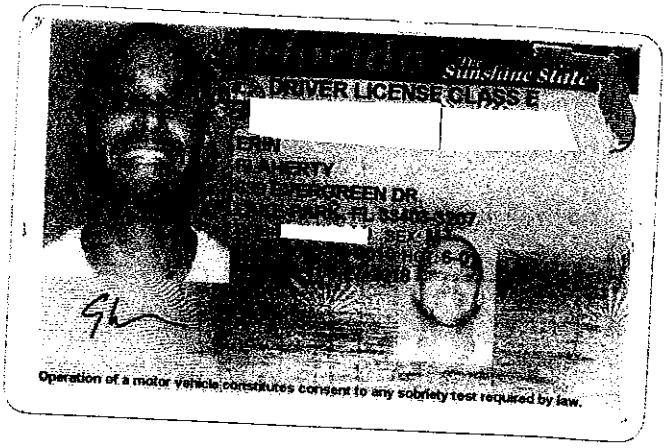
YOUR POLLING LOCATION ***Su Centro Electoral***

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	*Senado del Estado*	*Cámara de Diputados del Estado*
20	27	88
COUNTY COMMISSION	**SCHOOL BOARD**	**MUNICIPALITY**
Comisión del Condado	*Junta Escolar*	*Municipalidad*
7	7	LP

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



12-08-15
Date

63-8419/2670
739

Pay to the Order of Town of Lake Park $ 118.85

One Hundred Eighteen Dollars & 85 cents Dollars

Security Features Details on Back.

PNCBANK
PNC Bank, N.A. 001

For

MP

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

OFFICE USE ONLY

01-11-16A09:38 RCVD

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(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	$ 118.85
Total Monetary	$ 118.85
In-Kind	$

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	$ 118.85
Transfers to Office Account	$
Total Monetary	$ 118.85

(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

DS-DE 12 (Rev. 08/04)

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 / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
12 / / 001	ERIN T. FLAHERTY 639 EVERGREEN DR LAKE PARK, FL 33403	S	CONSULTANT	CAS			118.85
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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 ☐ **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 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

DS-DE 12 (Rev. 08/04)

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 / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor 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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

OFFICE USE ONLY

02-19-16P04:08 RCVD

(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 / 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

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(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 / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
02/05/16 / / 001	SUE ELLEN DUCHENE	I	CLERICAL	CHE			50.00
02/10/16 / / 002	LEE A. FISHER 4515 STATESMAN WY INDIANAPOLIS, IN 46250-4372	I	SEMI-RETIRED	CHE			200.00
02/10/16 / / 003	EARL STEWART TOYOTA 1215 U.S. HWY 1 LAKE PARK, FL 33403	B	AUTO DEALERS	CHE			500.00
/ /							
/ /							
/ /							
/ /							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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 / (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
/ /	NO EXPENDITURES THIS PERIOD				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

DS-DE 12 (Rev. 08/04)

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 / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
02/22/16 / / 001	NORTHPACII 5520 PGA BLVD STE 200 PALM BEACH GARDENS, FL 33418	B	CHAMBER OF C	CHE			250.00
02/22/16 / / 002	ERIN T. FLAHERTY 639 EVERGREEN DR LAKE PARK, FL 33403	S	CONSULTANT	CAS			12.00
/ /							
/ /							
/ /							
/ /							
/ /							

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

DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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**

OFFICE USE ONLY

03-11-16A11:03 RCVD

(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 / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
03/03/16 / / 001	ERIN T FLAHERTY 639 EVERGREEN DR LAKE PARK, FL 33403	S	CONSULTANT	CAS			9.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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 / (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
03 / 09 / 16 001	ALPHAGRAPHICS 3804 BURNS RD STE A PALM BEACH GARDENS, FL 33410	CAMPAIGN MAILERS	ECC		$460.79
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

06-13-16P12:19 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 03 / 11 / 16 To 06 / 13 / 16 Report Type TR

☑ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	$ 0.94
Loans	$ 0.00
Total Monetary	$ 0.94
In-Kind	$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	$ 248.42
Transfers to Office Account	$
Total Monetary	$ 248.42

(8) Other Distributions

$ 0.00

(9) TOTAL Monetary Contributions To Date

$ 1,140.79

(10) TOTAL Monetary Expenditures To Date

$ 1,140.79

(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

DS-DE 12 (Rev. 08/04)

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 / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
06/03/16 / / 001	ERIN T FLAHERTY 639 EVERGREEN DR LAKE PARK, FL 33403	S	CONSULTANT	CAS			.94
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES