FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS 592  CAMPAIGN TREASURER'S REPORT SUMMARY	
(1) NAVARRE POHLMANN PASS COMMITTEE OFFICE USE ONLY	
Name (2) 2956 PEA BlvD	
Address (number and street)  NAVANKE FloriDA 32564	
City, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es):  Candidate (office sought):  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  Sever Periods 5	
Cover Period: From 04/01/12 To	07/06/12 Report Type F-1
☐ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report	
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$	Monetary Expenditures \$ 76 kgs
Loans \$	Transfers to Office Account \$
Total Monetary \$	Total Monetary \$ 16.00
In-Kind \$	
يست هد ي يد م	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date  \$ 9.582-21	(10) TOTAL Monetary Expenditures To Date \$ 8,970 83
(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,	I certify that I have examined this report and it is true, correct, and complete.
correct, and complete.	OP (LAL A)
(Type name) (Type	(Type name)  Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)
X CRAhlmann	X CRPohlmann
Signature	Signature

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## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name NAVALRE TO HIMANN PASS COMMITTEE (2) I.D. Number \_\_\_\_\_\_ (3) Cover Period 04,01,12 through 07,06 1/2 of (4) Page \_\_\_ (11) (10) (8) (7) (5) Date Full Name Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type Amount Amendment City, State, Zip Code candidate) Number NAVARRE POST OFFICE NAVARRE EL 32564 PAYMENT OF CHECK POST DEFICE #136 6/29/12