

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

(1) IRVING STARR EUSWORTH SR.

Name

(2) 1285 4TH ST EAST

Address (number and street)

TREASURE ISLAND FLORIDA 33706

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): Commissioner Dist # 2

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 12/14/11 To 1/10/12 Report Type Q4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ 200.00

Total Monetary \$ 200.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 104.00

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

Total Monetary \$ 104.00

(8) Other Distributions \$ N/A

(9) TOTAL Monetary Contributions To Date

\$ 200.00

(10) TOTAL Monetary Expenditures To Date

\$ 104.00

**(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.

IRVING STARR EUSWORTH SR  
(Type name)

Individual (only for electioneering communi.)  Treasurer  Deputy Treasurer

[Signature]  
Signature

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

IRVING STARR EUSWORTH SR  
(Type name)

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

[Signature]  
Signature

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

(1) Name IRVING STARBUCK ZUSWORTH SR

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 12/14/11 through 1/10/12

(4) Page I of 2

(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
12/14/11	CITY OF TREASURERS ISLAND 120-108 Ave TREASURERS ISLAND FL 33906	FILING FEES FOR ELECTIONS COMMISSIONER DIST #2	DIS	N/A	104.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name IRVING STARR ZUSSWORTH SR (2) I.D. Number \_\_\_\_\_

(3) Cover Period 12/14/11 through 1/10/12 (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
12/14/11	ZUSSWORTH MR IRVING STARR 11285 45 EAST TREASURAS ISLAND FLORIDA 33706	I	RETIRED	<del>TYPE</del> LOA	N/A	N/A	20000
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