FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) DENNIS CROSS Name (2) 47 FRONT STREET Address (number and street) PALM COAST, FLORIDA 32137	OFFICE USE ONLY			
City, State, Zip Code CHECK IF ADDRESS HAS CHANGED	(2) ID Noveley			
(4) Check appropriate box(es): Candidate (office sought): Council Member Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication	(3) ID Number: District #3 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 <u>08</u> / <u>20</u> / <u>2011</u> To	09 / 08 / 2011 Report Type F3			
✓ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report			
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
Cash & Checks \$	Monetary Expenditures \$ 1,341.78			
Loans \$0.00	Transfers to Office Account \$ 0.00			
Total Monetary \$0.00	Total			
In-Kind \$0.00	1,341.70			
	(8) Other Distributions \$0.00			
(9) TOTAL Monetary Contributions To Date \$ 4,569.00	(10) TOTAL Monetary Expenditures To Date \$4,432.46			
(11) CERT				
•	on 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.	I certify that I have examined this report and it is true, correct, and complete.			
(Type name) LEONARD KURP ☐ Individual (only for electioneering commun.) Treasurer ☐ Deputy Treasurer	(Type name) DENNIS CROSS ✓ Candidate Chairperson (only for PC, PTY & electioneering commun. organization)			
Signature Curp	Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name			DENNIS CROSS		(2) I.D. Num	ber					
(3) Cover Period	80	, 20	J^{2011} through	09 ,	80	, 2011	(4) Page	1	of	1	

	(7)	(8)	(0)	(40)	(44)
(5) Date	Full Name		(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
08 /24 /11	PALM COAST SIGNS 23 UTILITY DRIVE PALM COAST, FL 23137	YARD SIGNS	MON		\$984.40
08 /24 /11	DOLPHIN PRINTING & DESIGN 13 RIVERSIDE LANE PALM COAST, FL 32164	CARDS	MON		\$357.38
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DS-DE 14 (Rev. 08/03)

	STATE DIVISION OF ELECTIONS ER'S REPORT SUMMARY
	OFFICE USE ONLY
e	
ber and street)	
L 32164 Code	
DDRESS HAS CHANGED	(3) ID Number:
	(b) It italibes.
riate box(es): office sought): Mayor, Palm C	'east El
nmittee	CHECK IF PC HAS DISBANDED
of Continuous Existence	CHECK IF CCE HAS DISBANDED
tive Committee	
ng Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
	T IDENTIFIERS
	0 09 / 08 / 2011 Report Type F3
**************************************	on Report Independent Expenditure Report
NS THIS REPORT	(7) EXPENDITURES THIS REPORT
	Monetary
\$175.00	Expenditures \$ 705.04
\$ 500.00	T(
500.00	Transfers to Office Account \$
\$ 675.00	Total
	Monetary \$ 705.04
\$	705.04
-	(8) Other Distributions
	\$
ry Contributions To Date	(10) TOTAL Monetary Expenditures To Date
4,049.00	\$4,021.64
	RTIFICATION
amined this report and it is true,	rson to falsify a public record (ss. 839.13, F.S.)
e.	I certify that I have examined this report and it is true, correct, and complete.
Alice Cunnane	(Type name) Joe Cunnane
▼ Treasurer	
Cumana	Y (all and

CAMPAIGN TREASURER'S REPO (1) Joe Cunnane Name (2) 21 Elder Drive Address (number and street) Palm Coast, FL 32164 City, State, Zip Code CHECK IF ADDRESS HAS CHANGED (3) (4) Check appropriate box(es): ✓ Candidate (office sought): Mayor, Palm Coast, FL ☐ Political Committee CHECK IF Committee of Continuous Existence CHECK IF ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF COMMUNIC (5) REPORT IDENTIFIERS Cover Period: From 08 / 20 / 2011 To 09 / 08 ✓ Original ☐ Amendment ☐ Special Election Report (6) CONTRIBUTIONS THIS REPORT **EXPE** Monetary Expenditure: Cash & Checks 175.00 Loans 500.00 Transfers to Account **Total Monetary** Total 675.00 Monetary In-Kind Othe (8) (9)**TOTAL Monetary Contributions To Date** (10)TOTA 4,049.00 \$ (11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a I certify that I have examined this report and it is true. I certify that correct, and complete. correct, and (Type name) Alice Cunnane (Type name Individual (only for Treasurer Deputy Treasurer Candidat electioneering commun.) X Die Cumana of Janning Signature Signature

(1) Name	Joe Cunnane			(2)	I.D. Number		
(3) Cover Period	08 / 20 / 2011	throu	ıgh ⁰⁹ /	08 / 201	¹ (4) Page	1	of ¹
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	С	(8) ontributor	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
08 , 25 ,2011 1	Rivera, John 157 Raintree Circle Palm Coast, FL 32137	I	Ret	CHE			50.00
08 , 29 ,2011	Troche, Jose L. 70 Belleaire Dr. Palm Coast, FL 32137	I	Ret	СНЕ			100.00
08 , 29 2p11 3	Schaberick, Sheila 63 Yacht Club Dr. Lk. Hopatcong, NJ 07849	I	Ret	CHE			25.00
09 , 06 , 2011	Cunnane, Joe 21 Elder Drive Palm Coast, FL 32164	I	Ret	LOA			300.00
09 _/ 08 _/ 2011 5	Cunnane, Joe 21 Elder Drice Palm Coast FL 32164	I	Ret	LOA			200.00
1 1						1	
/ /							
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	· · · · · · · · · · · · · · · · · · ·	Joe Cunnane		(2) I.D. Numb	er		
(3) Cover Period	08 / 20 /	²⁰¹¹ through	09 / 08 / 2011	(4) Page	1	of	1

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
08 /22 /11	Palm Coast Observer 1 Florida Park Drive Unit 103 Palm Coast, FL 32137	Newspaper advertising	MON		\$311.04
09 /06 /11	Flagler County Broadcasting 2405 E. Moody Blvd. Suite 402 Bunnell, FL 32110	Radio ads	MON		\$350.00
09 /06 /11	Postmaster E. Moody Blvd. Bunnell, FL 32110	Stamps	MON		\$44.00
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DS-DE 14 (Rev. 08/03)

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	TATE DIVISION OF ELECTIONS ER'S REPORT SUMMARY
(1) Jason Delorenzo	OFFICE USE ONLY
(2) 39 Piedmont Dr.	
Address (number and street)	
City, State, Zip Code	
City, State, 21p Code	(3) ID Number:
(4) Chack appropriate boy(es):	
🛛 Candidate (office sought): 🔣 Milm 🕡	ast City Council District 3
☐ Political Committee ☐ Committee of Continuous Existence	CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED
Party Executive Committee	CHECK IF CCE HAS DISBANDED
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
(5) REPORT	IDENTIFIERS
Cover Period: From 08 / 20 / 11 To	09 / 08 / 11 Report Type F3
Original Amendment Special Election	
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 1,460.20	Monetary Expenditures \$ 271.80
Loans \$ 0	Transfers to Office Account \$
Total Monetary \$ 1, 460.20	Total
In-Kind \$ 9.63	Monetary \$ 271.80
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$ 5355.38	(10) TOTAL Monetary Expenditures To Date \$ 3234.65
(11) CERT	IFICATION
It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) LAUVEN Walsh	(Type name) Jason Pelovenro
Individual (only for electioneering dymmun.)	Candidate Chairperson (only for PC, PTY & plestioneering commun. organization)
X XXX	X 610. A STATE OF THE STATE OF
Signature	Signature

(1) Name Jason Delorenzo (2) I.D. Number through 09/08/11 (3) Cover Period 68 / 20 / [1 (4) Page (10) (11) (12)Date Full Name (6) (Last, Suffix, First, Middle) Sequence Street Address & Contributor Contribution In-kind Type Occupation Number City, State, Zip Code Type Description Amendment Amount Szymunski, Ron 08/25/11 gy Comanche Ct. 200 Palm Coast, FL 32137 Smith, Sid 08 125 /11 15 Chippewayer Retired CHE (00 Pain Coast, PL 32137 Lyons, Christine 08 / 25 / 11 70 Felshire Ln. CHE Palm Coast, FL Peugh, Gregory 19,25,11 34 laguna Forest trail 50 CHE Palm Coast FL 32144 DeLorenzo, Budd 09/02/11 81 Spring Valley 485,20 CHE Dri Lakewood, NJ 08761 09,06,11 PHS Mechanical POBOX 351926 500 CHE Palm Coast, FL 32135 Stoughton Luxury 09/04/11 7 Lakecliff Dr. B CHE 100 Ormand Beach PL

(

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES
(1) Name JOSON DE LOYENZO (2) I.D. Number (3) Cover Period 08 / 20 / 11 through 09 / 08 / 11 (4) Page (7) (8) (9) (10) (11)(5) Date Full Name ' Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number 08/23/11 Constant Contact EMAIL Waltham, MA 02451 08/25/11 Palm coast signs 2 Palm coast FL 32/37 256.80

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) CHARLES F. ERICKSON JI	OFFICE USE ONLY			
Name (2) 15 ESSINGTON LANG Address (number and street) PALM COAST, FL 321				
City, State, Zip Code	- ' .			
	(3) ID Number:			
CHECK IF ADDRESS HAS CHANGED (3) ID Number: (4) Check appropriate box(es): X Candidate (office sought):				
(5) REPORT	IDENTIFIERS			
Cover Period: From O8 / 20 / 20 To	Report			
	(7) EXPENDITURES THIS REPORT			
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Monetary Expenditures \$ 431.62			
Loans \$	Transfers to Office Account \$			
Total Monetary \$ 100.00	Total \$ 431.62			
In-Kind \$	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date \$ 4587.00	(10) TOTAL Monetary Expenditures To Date \$ <u>355056</u>			
(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.	I certify that I have examined this report and it is true, correct, and complete.			
(Type name) CHARLES F. ETCKSENUN R Individual (only for election beginning) X X X X X X X X X X X X X	(Type name) CHARLES F. ERICILSEN 1 X Candidate			
Signature	Signature			

(1) Name CHARLES F. ERICKSEW JR (2) I.D. Number							
(3) Cover Period	08,20,11	throu	gh 09 /	08,20	((4) Page	1	of
(5) Date	(7) .Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Tyre	In-kind Description	Amendment	Amount
08,26,11	MANERE, J.	T		TRK	LUNCH .	-	5,00
01	PALM COAST, FL 32137			FORUM	FORUM		
08 ,30,11	MANERE 515RIVERTRAI	-	·	INK 1000	ROTARY		13.00
02	PALM CAST PL 32137	<u></u>		Ro and	azus mtg		
0830,11	KEGLEY ROBERT	τ		CHE	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		50,00
03	P.O. BOX 350 365 PALM COAST, FL 32135 MAZZIE			C110			
09,03,11	MAZZIE KEW P.O. BOX3546	8		CHE			50.00
04	PALM COAST, FL 32135						
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1 1	-	-					
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES CHARLES F. ERICKSEN JK (2) I.D. Number _____

	(7)	(8)	(9)	(10)	(11)
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
<i>5</i> 8/29(1	FLAGLET DEMOCRATIC PARTY MEETA GREE P.C. FL 32164	GREET GREET	PCS		(0,0)
<i>08/20/11</i>	FLAGLERLIVE, com PRIM COAST, FL 32	A DUERTISING	MON		253.00
08/22/11	STAPLES 9 OLD KINGS RD PALM COASTIFL 32137	PHOTOCOPIES PAPER SUPPLIES	MoN		34,00
08/25/11	P.U. BOX 901 BUNNELL, FL 32110	5 Photo corpies votercist	PCS		101.15
08/25/11 05	BANK OF AMERICA BUNNELL, FL	VOTER LIST	PCW		100.00
08/28/il	PUBLIX A950 BELLE TERRE PALM COAST, EL 32137	COOKIES FUR COFFEE Ge7-TOGETHER	PCW		12,07
09/03/11	STAPLES GULD KINGS Rd PALM COAST, FL 32137	photocopies	mon		21,40
_/ /					

431,62

FLORIDA DEPARTMENT OF S' CAMPAIGN TREASURI	TATE DIVISION OF ELECTIONS ER'S REPORT SUMMARY				
(1) William E McGoire	OFFICE USE ONLY				
(2) H Beauford Ln.	2011 SEP 9 AM 11:33				
Address (number and street) Palm Coast, Fl 32137					
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				
	IDENTIFIERS				
	8/19/2011 Report Type F 3				
Original Amendment Special Election	n Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$ 450,00	Monetary Expenditures \$ 3+5.00				
Loans \$ 0,00	Transfers to Office Account \$ 0^0				
Total Monetary \$ 450.00	Total Monetary \$ 345.00				
In-Kind \$ 0.00	J. S.				
	(8) Other Distributions \$				
(9) TOTAL Monetary Contributions To Date \$ 9 21.00	(10) TOTAL Monetary Expenditures To Date \$/ & プイ, ジロ				
(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.	I certify that I have examined this report and it is true, correct, and complete.				
(Type name) William E. M. Guire	(Type name) William E 17 Guire				
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)				
X Wm & he June	X Win & he gun				
Signature	Signature				

(1) Name (2) Low through 9/08/2011 (4) Page One of Cine

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
					0,00
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(1) Name	William E 8,20,201	Ma	Guire	(2) I.D. Number		
(3) Cover Period	8,20,201	throu	ıgh /	9,08	-/20 11 (4) Page	Ore	of ove
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 . 1							
							0,00
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-1 1							
1 1					·		
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 13 (Rev. 08/03)

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY					
(1) William E McGoire	OFFICE USE ONLY					
(2) Name +1 Beauford Ln.	2011 SEP 9 AM 11:33					
Address (number and street) Palm Coast, Fl 32137						
City, State, Zip Code						
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
(4) Check appropriate box(es): [V Candidate (office sought): City Council, Seat one						
☐ Political Committee ☐ CHECK IF PC HAS DISBANDED☐ COmmittee ☐ 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 8 106 12011 To	8/19/2011 Report Type F2					
Original Amendment Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$ 450,00	Monetary Expenditures \$ 3+5.00					
Loans \$ 0.00	Transfers to Office Account \$ 0.00					
Total Monetary \$ 450,00	Total Monetary \$ 345.00					
In-Kind \$ 0.00	The state of the s					
	(8) Other Distributions \$ 0.00					
(9) TOTAL Monetary Contributions To Date \$ 9 7 1.00	(10) TOTAL Monetary Expenditures To Date \$/ 8ンペーロ					
· ·	IFICATION on 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.	I certify that I have examined this report and it is true, correct, and complete.					
(Type name) William E. M. Guire Individual (only for electioneering commun.)	(Type name) William E IT Goire Candidate Chairperson (only for PC, PTY &					
* Wm & hu June	electioneering commun. organization)					
Signature	Signature					

(1) Name (2) Low through 9/08/2011 (4) Page One of Cine

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
					0,00
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(1) Name	William E 8,20,201	Ma	Guire	(2) I.D. Number		
(3) Cover Period	8,20,201	throu	ıgh /	9,08	-/20 11 (4) Page	Ore	of ove
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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							0,00
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 13 (Rev. 08/03)

FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURE	
(1) Holsey A. Moorman Name (2) 56 Brookside Lane Address (number and street) Palm Coast, FL 32137	OFFICE USE ONLY 09-08-11A11:08 RCVD
City, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es):	mber seat 1 CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING
(C) DEPORT	COMMUNICATION REPORTS WILL BE FILED
(5) REPORT (Cover Period: From 8 / 20 / 2011 To	9 / 8 / 2011 Report Type F3
✓ Original	Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 400.00	Monetary Expenditures \$ 160.50
Loans \$0.00_	Transfers to Office Account \$ 0.00
Total Monetary \$ 400.00	Total \$ 160.50
In-Kind \$	
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$ 7,240.00	(10) TOTAL Monetary Expenditures To Date \$ 3,354.90
(11) CERT	
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete. (Type name)	I certify that I have examined this report and it is true, correct, and complete. (Type name) Holsey A. Manna Chairperson (only for PC, PTY & electioneering commun. organization) X Signature

(1)NAME Holsey A. Moorman

(3) Cover Period <u>8/20/2011</u> Through <u>9/8/2011</u>

(2) I.D. Number______ (4) page ______ of_________

(5)	(7)	(8)	(9)	(10)	(11)	(12)
<u>Date</u>						
(6) Sequence Number	Full Name (last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
8/24/2011	ROBERT & MADELI WILLIAMS	I RETIRED	CHE			\$200.00
1	37 BRIGADOON LN PALM COAST FL 32137					
8/25/2011	COURTNEY CHAPLIN		CHE			\$100.00
2	46 WOOD CENTER LN PALM COAST FL 32164					
8/25/2011	VINCENT & MART JULIUS	1	CHE			\$50.00
3	32 WOODCLIFT LANE PALM COAST FL 32164					
8/29/2011	SUMPTER & BETTY FLAKES		СНЕ			\$50.00
4	2 ESPERANTO DRIVE PALM COAST FL 32164					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

.(1)NAME Holsey A. Moorman (3) Cover Period 8/20/2011 Through 9/8/2011

(2) I.D. Number_ (4) page ____of___

(5)	(7)	(8)	(9)	(10)	(11)
<u>Date</u>	Fuli Name	Purpose			
(6) Sequence Number	(last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/20/2011	PALM COAST SIGNS 23 UTILITY DRIVE	CAR MAGNETICS	MON		\$160.50
1	PALM COAST FL 32137				

FLORIDA DEPARTMENT OF STA	
(1) JON NETTS	OFFICE USE ONLY
Name	
(2) 17 PCINTSIONS CF.	
Address (number and street) Palm Colst, EC 32137	
City, State, Zip Code	Rec'd 9-6-11 6:00pm
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es):	
Candidate (office sought):	
☐ 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	DENTIFIERS
Cover Period: From 8 / 20 / 1 To	9 / 8 / // Report Type _ F 3
Original Amendment Special Election	
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 400.00	Monetary Expenditures \$ /208.38
Loans \$	Transfers to Office Account \$
Total Monetary \$ 400.00	Total
	Monetary \$ /208.33
In-Kind \$ 50.00	
	(8) Other Distributions
+	\$
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$\ <u>9,00.00</u>	\$ 6,057.82
(11) CERT	
It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) CLARE HOVEN THE IN	(Type name) Tow North
Individual (only for electioneeripg commun.)	Candidate Chairperson (only for PC, PTY & electiongering commun. organization)
X Clas Washtalan	X
Signature	Signature

(1) Name ______ (2) I.D. Number _____

(3) Cover Period	8 1 20 1 11	throu	gh <i>9 /</i>	8111	(4) Page		of /
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)		.:				
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
	A.E. LEVING 14 Clementon CT.	1		MON			25~~
0/	P.C. 32137	_					
8,25,11	Rymond THOMPSON 71 Weyprowk LN P.C. SLI37	ナ		MON			100 2
02	3437						
8 126 11	sy will sponing	T		MON			25 -
03	Pine D.C. 32B4			, ,			
8,26,11	JAMES CONKlim 58 Pentwood LN.	た		MON			25 -
04	P.C. 32144						
8, 30,11	9 CADON CT. P.C. 32137	工		Mon			25
8 131 111	JANG CUI PAINA PO BOX 3520 45 PC 32135	I		MON			100%
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(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)
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