

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

(1) MARY M. JOHNSON (2) _____
Candidate, Committee or Party Name I.D. Number

(3) 3988 Ward Basin Road Milton, Florida 32583
Address (number and street) City State Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es):

Candidate (office sought): CLERK OF CIRCUIT COURT

Political Committee

Check if PC has DISBANDED

Committee of Continuous Existence

Check if CCE has DISBANDED

Party Executive Committee

2004 JAN 12 PM 10:11

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 01 / 03 To 12 / 31 / 03 Report Type 04

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ , _____ , 500 . 00

Loans \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , 500 . 00

In-kind \$ _____ , _____ , _____ . 00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ , _____ , _____ . 00

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , _____ . 00

(8) Other Distributions \$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions to Date

\$ _____ , _____ , 750 . 00

(10) TOTAL Monetary Expenditures to Date

\$ _____ , _____ , 11 . 64

(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

THOMAS L. JOHNSON

Name of Treasurer Deputy Treasurer

Thomas L. Johnson
Signature

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

MARY M. JOHNSON

Name of Candidate Chairman (PC/PTY Only)

Mary M. Johnson
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MARY M. JOHNSON

(2) I.D. Number _____

(3) Cover Period 10 / 1 / 03 through 12 / 31 / 03

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
(6) Sequence Number		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 10 / 10 / 03	Rollins, Hazel R. 4644 Pine Lane Pace, Fl 32571	I	retired County employee	CHE			\$500.00
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/ /							
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2004 JAN 12 PM 10 41

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MARY M. JOHNSON

(2) I.D. Number _____

(3) Cover Period 10/01 / 03 through 12 / 31 / 03

(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					
/ /	NO ITEMS				
/ /					
/ /					
/ /					
/ /					
/ /					

2004 JUN 12 PM 10 41
 STATE OF MARYLAND
 DEPARTMENT OF
 GENERAL SERVICES
 OFFICE OF
 THE COMPTROLLER
 OF THE TREASURY