

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

(1) Sharon F. Holley
Name
(2) 5856 Locust St.
Address (number and street)
Milton, FL 32570
City, State, Zip Code

2008 OCT 3 AM 10 42 OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): SANTA ROSA COUNTY TPA COLLECTOR

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 08 / 22 / 08 To 09 / 26 / 08 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0 . 0 . 0 . 0

Loans \$ 0 . 0 . 0 . 0

Total Monetary \$ 0 . 0 . 0 . 0

In-Kind \$ 0 . 0 . 0 . 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 377 . 49

Transfers to Office Account \$ 0 . 0 . 0 . 0

Total Monetary \$ 377 . 49

(8) Other Distributions

\$ 0 . 0 . 0 . 0

(9) TOTAL Monetary Contributions To Date

\$ 13 . 463 . 00

(10) TOTAL Monetary Expenditures To Date

\$ 13 . 463 . 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.

(Type name) Jimmy Messick

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Jimmy D. Messick
Signature

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

(Type name) Sharon F. Holley

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

X Sharon F. Holley
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Shawn F. Holley

(2) I.D. Number _____

(3) Cover Period 08, 12, 08 through 09, 26, 08

(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
09/26/08 00001	Shawn F. Holley 5856 Locust St. MINTON, FL 32570		DIS		377.49
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name SHARON F. HOLLEY (2) I.D. Number _____

(3) Cover Period 05 / 22 / 08 through 09 / 26 / 08 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
1 / 1	NONE						
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							