SUPERVIOLD OF 1 1 45

FLORIDA DEPARTMENT OF CAMPAIGN TREASL	JRER'S REPORT SUMMARY
(1) Ruth Dupont Esser Name (2) 437/ Marilyn Ct. Address (number and street) Gulf Breeze Fl. 32563 City, State, Zip Code	2010 NOU 22 PM 2 50
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	County Commissioner District 4 CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
	RT IDENTIFIERS
Cover Period: From <u>68</u> / <u>20</u> / <u>2010</u> To	08 / 30 / 20/10 Report Type T -R
Original Amendment Special Election	n Report
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$,,,	Monetary Expenditures \$, , , , , , , , , , , , , , , , , ,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$
\$, <u>6,000</u> . <u>25</u>	\$, 6 , 1000 - 35
•	TIFICATION son to falsify a public record (ss. 839.13, F.S.)
certify that I have examined this report and it is true, correct, and	I certify that I have examined this report and it is true, correct, and
Type name) James F. ESSeR Individual (only for particular plant) Treasurer Deputy Treasurer electioneering community X	Complete. (Type name) Ruth Dupont Esser [Deandidate Chairperson (only for PC, PTY & electioneering commun. organization) X
Signature DS-DE 12 (Rev. 08/04)	Signature ,

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	2 08/20/20/1	Esse	<u> </u>	(2) i.C). Number _		
(3) Cover Period	08/20/2018	through	08/30	120/1	(4) Ρε	ige d	of <u>/</u>
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Rull Depost Esser (2) I.D. Number								
(3) Cover Pe	riod <u>D8 <i>B</i>O / 2010</u> through <u>O8</u>	130 120110	(-	4) Page	/	_ of _	/	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sough contribution to candidate)		(9) Expenditu Type		0) iment	(11)	
8 29/10	Ruth Dyport Esser 4371 Marilyn Ct Gulf Breeze F1.32563			DIS			167°	
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