

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

(1) Chris Roper
Name

(2) 590 Ard Field Rd.
Address (number and street)

Jay, Fl. 32565
City, State, Zip Code

OFFICE USE ONLY
SUPERVISOR OF ELECTIONS
6495 CAROLINE ST., STE. F
MILTON, FL 32570-4592

2012 NOV 14 AM 8 13

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Santa Rosa County Sheriff
- 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

(5) REPORT IDENTIFIERS

Cover Period: From 11 / 02 / 2012 To 11 / 14 / 2012 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ 0.00

Loans \$ _____ 0.00

Total Monetary \$ _____ 0.00

In-Kind \$ _____ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ 827.90

Transfers to Office Account \$ _____ 0.00

Total Monetary \$ _____ 827.90

(8) Other Distributions
\$ _____ 0.00

(9) TOTAL Monetary Contributions To Date
\$ _____ 15,241.00

(10) TOTAL Monetary Expenditures To Date
\$ _____ 15,241.00

(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) Chris Roper
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Chris Roper
Signature

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

(Type name) Chris Roper
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Chris Roper
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Chris Roper (2) I.D. Number _____

(3) Cover Period 11 / 02 / 2012 through 11 / 14 / 2012 (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
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Chris Roper

(2) I.D. Number _____

(3) Cover Period 11 / 02 / 2012 through 11 / 14 / 2012

(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					
11 / 09 / 12	Roper, Chris 590 Ard Field Rd. Jay, Fl. 32565	Repayment of Loan	MON REF		\$827.90
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					