

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

(1) Chuck Sloan
Name

(2) 6183 Katrina Dr.
Address (number and street)
Milton, Florida 32570
City, State, Zip Code

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

2012 AUG 27 PM 3 52

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Sheriff - Santa Rosa County
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 8 / 10 / 2012 To 9 / 14 / 2012 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 580.13

Transfers to Office Account \$ _____

Total Monetary \$ 580.13

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 12,200.00

(10) TOTAL Monetary Expenditures To Date
\$ 12,200.00

(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) RANDALL E. HARRIS

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Randall E. Harris
Signature

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

(Type name) Chuck Sloan

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

X Chuck Sloan
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Chuck Sloan (2) I.D. Number _____

(3) Cover Period 8/10/2012 through 9/14/2012 (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					
8/27/2012	Chuck Sloan 6183 KATRINA DR. MILTON, FL. 32570	Loan Refund	Ref.		580.13
1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Chuck Show (2) I.D. Number _____

(3) Cover Period 8 / 10 / 2012 through 9 / 14 / 2012 (4) Page 1 of 1

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