

CAMPAIGN TREASURER'S REPORT SUMMARY

6495 CAROLINE ST STE F

MILTON, FL 36572-4592
OFFICE USE ONLY
2014 FEB 4 AM 11 45

(1) Wallis Lee Mahute
Name

(2) 5500 Cox Road
Address (number and street)

Milton, FL 32583
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner Santa Rosa County, District 2

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 01 / 2014 To 01 / 30 / 2014 Report Type: 2014 M1

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks	\$	___	___	,	___	.	00	00
Loans	\$	___	___	,	___	.	00	00
Total Monetary	\$	___	___	,	___	.	100	00
In-Kind	\$	___	___	,	___	.	00	00

(7) **Expenditures This Report**

Monetary Expenditures	\$	___	___	,	___	.	00	00
Transfers to Office Account	\$	___	___	,	___	.	00	00
Total Monetary	\$	___	___	,	___	.	00	00

(8) ~~Other~~ Distributions
\$ ___ , ___ , ___ . 00

(9) **TOTAL Monetary Contributions To Date**
\$ ___ , ___ , 840 . 00

(10) **TOTAL Monetary Expenditures To Date**
\$ ___ , ___ , 458 . 05

(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) Wallis Lee Mahute

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
Signature

(Type name) Wallis Lee Mahute

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Wallis Lee Mahute

SUPERVISOR OF ELECTIONS
 (2) I.D. Number 6495 CAROLINE ST. MILTON, FL 32570-4592

(3) Cover Period 01 / 01 / 2014 through 01 / 31 / 2014 (4) Page 1 of 1

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(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
00 / 00 / 00					
2014 M1					
/ /	NONE				
/ /					
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