

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

(1) Shepherd Iverson
Name

(2) P.O. Box 444
Address (number and street)
Bagdad FL 32530
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

2010 JUL 30 OFFICE USE ONLY

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Sched Board - Dist 1
- 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 7 / 17 / 10 To 7 / 30 / 10 Report Type F2
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ , _____ , 500 . 00
 Loans \$ _____ , _____ , _____
 Total Monetary \$ _____ , _____ , _____
 In-Kind \$ _____ , _____ , _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ , _____ , 503 . 63
 Transfers to Office Account \$ _____ , _____ , _____
 Total Monetary \$ _____ , _____ , _____

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 600 . 00

(10) TOTAL Monetary Expenditures To Date ⁵⁸²

\$ _____ , 1 , 876 . 63

(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) Shepherd Iverson
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Shepherd Iverson
Signature

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

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

X Shepherd Iverson
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Shepherd Ironson (2) I.D. Number

(3) Cover Period 7/17/10 through 7/30/10 (4) Page 2 of 4

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
7/21/10		Santa Rosa Professional Educators 5154 Santa Rosa St Milton, FL	 		ck			500.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Shepherd Ironson

(2) I.D. Number _____

(3) Cover Period 7/1/10 through 7/30/10

(4) Page 3 of 4

(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
7/22/10 1003	Ron the Sign Man 10016 Navarre Pkwy Navarre, FL	Signs	MON		275.50
7/24/10 1004	Lowe's Home Ctr 5143 Hwy 90 Pace, FL		MON		30.63
7/28/10 1006	Ron the Sign Man 10016 Navarre Pkwy Navarre, FL		MON		197.50
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