FLORIDA DEPARTMENT OF	
(1) <u>Shepherd</u> <u>IVersch</u>	OFFICE USE ONLY 2010 JUL 16 PM 3 14
(2) <u>1.0. FOX 449</u> Address (number and street) <u>1.00,000</u> City, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
 (4) is beck appropriate box(es): Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication 	CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
(5) REPOR	RT IDENTIFIERS
Cover Period: From <u>U</u> / <u>I</u> / <u>IO</u> To	0 <u>7</u> / <u>16</u> / <u>10</u> Report Type <u>F1</u>
Original Amendment Special Election	n Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$,, 100 - 000	(7) EXPENDITURES THIS REPORT Monetary Expenditures $\ \ \ \ \ \ \ \ \ \ \ \ \ $
Loans \$' ' '	Transfers to Office Account \$,
Total Monetary 5	Total Monetary \$,,
	(8) Other Distributions \$,,
(9) TOTAL Monetary Contributions To Date \$,,,	(10) TOTAL Monetary Expenditures To Date \$,, 372.94
• •	TIFICATION son 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.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) Shopherd Irenson Individual (only for I Treasurer Deputy Treasurer electioneering commun.)	(Type name) <u>AQP hQIA</u> <u>LVeTSA</u> Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
× Shoph The	× Steph The
Signature	Signature

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(1) Name	(2) I.D. Number								
(3) Cover Period	41110	through 7,16,10			(4) Page of				
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) entributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount		
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name (2) I.D. Number (3) Cover Period <u>41610</u> through <u>71610</u> (4) Page of (7) (8) (9) (10) (5) (11) . Date Full Name Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number Supervisor of Elections 6495 (avoline St-Suite Filing-Fee 5/31/10 MM 1,288.14 Milton, FL 32570 0091 Walnart 7/15/10 Mon paper 2.69 001 Best Buy printer 9th Ave longada cartridge 7/15/10 MON 73.09 1002

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