

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

(1) Shepherd Iverson  
Name

2010 MAR 29 OFFICE USE ONLY

(2) P.O. Box 444, ~~Bagdad, FL 32530~~  
Address (number and street)

Bagdad, FL 32530  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought):

School Board - District 1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 02 / 02 / 10 To 03 / 31 / 10 Report Type Q1

Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

(7) EXPENDITURES THIS REPORT

Cash & Checks \$ \_\_\_\_\_

Monetary Expenditures \$ \$ 9.00

Loans \$ 2,000.00

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ 2 000 . 00

(10) TOTAL Monetary Expenditures To Date  
\$ 9 . 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.

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(Type name) Shepherd Iverson

(Type name) Shepherd Iverson

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

X Shepherd Iverson  
Signature

X Shepherd Iverson  
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name \_\_\_\_\_

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 02/02/10 through 03/31/10

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /							
1							
/ /							
2							
/ /							
3							
/ /							
4							
/ /							
/ /							
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/ /							
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Shepherd Iverson

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 2, 2, 10 through 3, 31, 10

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(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
2/2/10 <del>1/1</del> 1	Bank of America 6204 Hwy 90 Milton FL 32570	Checks	MAN		\$9.00
1/1					
2					
1/1					
3					
1/1					
4					
1/1					
5					
1/1					
1/1					
1/1					