

2008 OCT 30 AM 11:40

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

OFFICE USE ONLY

(1) Lucas Killam
Name

(2) 4510 Carr Rd.
Address (number and street)

Jay FL 32565
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Blackwater Soil + Water Conservation District Group 4

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 10 / 11 / 08 To 10 / 30 / 08 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ , _____ , 160 . 00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

In-Kind \$ _____ , _____ , _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ , _____ , 177 . 20

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 177 . 20

(8) Other Distributions \$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date
\$ _____ , _____ , 260 . 00

(10) TOTAL Monetary Expenditures To Date
\$ _____ , _____ , 177 . 20

(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.

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

(Type name) Lucas Killam

(Type name) Lucas Killam

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X Lucas Killam

X Lucas Killam

Signature

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Lucas Killam

(2) I.D. Number _____

(3) Cover Period 10, 11, 08 through 10, 30, 08

(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					
10/30/08	Santa Rosa Press Gazette 6629 Elva St. Milton FL 32570		MON	Add	80. ⁰⁰
1					
10/30/08	Gulf Breeze News P.O. Box 1414 Harbourtown Suite 35 Gulf Breeze, FL 32563		MON	Add	97. ²⁰
2					
1/1					
1/1					
1/1					
1/1					
1/1					