FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARY.						
(1) Mary M. JOHN Name (2) 5713 Sunflower Address (number and street) Mi How FL 32570	Son 2011 JUL 11 PM 1 12					
City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED  (4) Check 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 NO OTHER ELECTIONEERING					
COMMUNICATION REPORTS WILL BE FILED  (5) REPORT IDENTIFIERS  Cover Period: From 04   01   2011 To 06   30   2011 Report Type Q 2  **Original   Amendment   Special Election Report   Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 47.30					
Loans         \$	Transfers to Office Account \$					
(9) TOTAL Monetary Contributions To Date	(8) Other Distributions \$(10) TOTAL Monetary Expenditures To Date					
\$ <u>235.00</u> \$ <u>179.09</u> (11) CERTIFICATION						
this a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete.  (Type name)  Individual (only for electioneering commun.)  X  Name Signature	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  X Marry  Signature					

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Mary M. JOHNSON (2) I.D. Number								
(3) Cover Period 4 / / / 20// through 6 / 30 / 20// (4) Page of								
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)		
(6)	(Last, Suffix, First, Middle)	·						
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount		
	J., J. B. 10, 2.15 0000	Type Geodpation	Турс	D GOOT PLIGHT		7.1110,0111		
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(1) Name Mary M. JOHN SON (2) I.D. Number								
	od <u>4 / 1 /20//</u> through <u>6</u> /							
(5) Date (6) Sequence Number	(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			
4/8/11	Supv. of Election Caroline St. Milton FL 32570	s Petition cards	MON		22.30			
5 /18/11	Supr. of Elections Caroline St. Milton FL 32570	petition cards	MON		25.00			
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