

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

SUPERVISOR OF ELECTIONS  
MILTON, FLORIDA 32570-4592  
**OFFICE USE ONLY**  
2013 JAN 2 AM 11 25

(1) MARY M JOHNSON  
**Name**

(2) 5713 SUNFLOWER AVENUE  
**Address (number and street)**

MILTON, FLORIDA 32570  
**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

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

**(4) Check appropriate box(es):**

- Candidate (office sought): CLERK OF CIRCUIT COURT, SANTA ROA COUNTY
- 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 08 / 10 / 2012 To 08 / 20 / 2012 Report Type TR

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ \_\_\_\_\_

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

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

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0.00

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

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

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 32,125.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 32,125.00

**(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.

(Type name) THOMAS L JOHNSON

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Thomas L Johnson  
Signature

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

(Type name) MARY M JOHNSON

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

Mary M Johnson  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MARY M JOHNSON

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

(3) Cover Period 08 / 10 / 2012 through 08 / 20 / 2012

(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
8 / 17 / 12	SANTA ROSA PRESS GAZETTE 6629 ELVA STREET MILTON, FL 3570	THANK YOU AD	MON		\$100.00
2					
12 / 28 / 12	STOP PAYMENT ON ITEM #2 LISTED ABOVE  CK #1043 DATED 8/17/2012				-\$100.00
12 / 28 / 12	MARY M JOHNSON 5713 SUNFLOWER AVENUE MILTON, FL 32570	REFUND	REF		\$100.00
/ /					
/ /					
/ /					
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