

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

OFFICE USE ONLY

(1) Samuel Cleaver
Name
(2) 4941 Spearer Oaks Blvd
Address (number and street)
Pace, FL 32571
City, State, Zip Code

2008 OCT 28 PM 2 07

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): County Commissioner District 1
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 07 / 18 / 08 To 10 / 10 / 08 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ 0.00

Loans \$ _____ 0.00

Total Monetary \$ _____ 0.00

In-Kind \$ _____ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ 1,168.65

Transfers to Office Account \$ _____ 0.00

Total Monetary \$ _____ 0.00

(8) Other Distributions

\$ _____ 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ 4,631.99

(10) TOTAL Monetary Expenditures To Date

\$ _____ 3,463.34
4,631.99

(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) Samuel Cleaver
 Individual (only for electioneering comm.) Treasurer Deputy Treasurer

Samuel Cleaver
Signature

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

(Type name) Samuel Cleaver
 Candidate Chairperson (only for PC, PTY & electioneering comm. organization)

Samuel Cleaver
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Samuel Cleavel

(2) I.D. Number _____

(3) Cover Period 7 / 15 / 06 through 10 / 10 / 06

(4) Page 1 of 1

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

(1) Name Samuel Cleaver (2) I.D. Number _____

(3) Cover Period 7/18/08 through 10/10/08 (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
10/23/08	Samuel Cleaver 4941 Spencer Oaks Blvd Pace, Fl. 32571	DJS Reimbursement	DJS		1168.65
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