

Terminal
Report

SUPERVISOR OF ELECTIONS
6495 CAROLINE ST., STE. F
MILTON, FL 32570-4500

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

OFFICE USE ONLY

(1) _____
Name
(2) Shepherd Iverson
Address (number and street)
Magdad FL 32530
City, State, Zip Code

(3) ID Number: _____
2010 SEP 13 PM 2 52
SUPERVISOR OF ELECTIONS
6495 CAROLINE ST., STE. F
MILTON, FL 32570-4500

CHECK IF ADDRESS HAS CHANGED
(4) Check appropriate box(es):
 Candidate (office sought): School Board Dist. 1
 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 7 / 31 / 10 To 8 / 25 / 10 Report Type TR
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

(7) EXPENDITURES THIS REPORT

Cash & Checks \$ _____
Loans \$ _____
Total Monetary \$ _____
In-Kind \$ _____

Monetary Expenditures \$ _____
Transfers to Office Account \$ _____
Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 2,600.00

(10) TOTAL Monetary Expenditures To Date
\$ 1,876.57

(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
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X Shepherd Iverson
Signature

X _____
Signature

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(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
(6) Sequence Number							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Shepherd Iverson (2) I.D. Number _____
 (3) Cover Period 7, 31, 10 through 8, 25, 10 (4) Page 3 of 3

(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
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