

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

(1) Thomas F. Stewart
 Name

(2) 5626 Champions Dr.
 Address (number and street)

Pace, FL 32571
 City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY
 SUPERVISOR OF ELECTIONS
 6495 CAROLINE ST., STE. 7
 MILTON, FL 32570-4592

2012 SEP 10 AM 10 44

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): SANTA ROSA COUNTY COMMISSION DIST ONE

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 / Aug / 12 To 10 / Sep / 12 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 56.43

Transfers to Office Account \$ _____

Total Monetary \$ 56.43

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 11,195.00

(10) TOTAL Monetary Expenditures To Date
 \$ 11,195.00

(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) Joe Shofner

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Joe Shofner
 Signature

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

(Type name) Thomas Stewart

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

X Thomas Stewart
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name THOMAS F. STEWART

(2) I.D. Number _____

(3) Cover Period 10 AUG, 12 through 10 SEP, 12

(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/SEP/12 001	THOMAS STEWART 5626 Champions Dr. Pace, FL 32571	Repay Loan Refund	MON		56.43
11	LAST ITEM				
11					
11					
11					
11					
11					
11					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Thomas F. Stewart (2) I.D. Number _____

(3) Cover Period 10 / Aug / 12 through 10 / Sep / 12 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /							
	NEGATIVE REPORT						
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