FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) William Donald SALTER Name	6495 CAROLINE ST., STE. F MILTON, FL 32570-4592							
(2) <u>6000 Chumuc KIA Hwy</u> Address (number and street) <u>PACE FL 32571</u> City, State, Zip Code	200 ChumucKLA Hwy 2012 AUG 9 AM 10 05 ress (number and street) CE, FL 32571							
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:							
 (4) Check appropriate box(es): A Candidate (office sought): <u>SawtA Rosa</u> Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication 	County Commissioner, District 3 Check if pc has disbanded Check if cce has disbanded Check if no other electioneering							
	COMMUNICATION REPORTS WILL BE FILED							
	TIDENTIFIERS							
Cover Period: From 07 21 12 To 08 09 12 Report Type F-3 Original Amendment Special Election Report Independent Expenditure Report								
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$50.00	Monetary Expenditures \$ <u>4,060.77</u>							
Loans \$	Transfers to Office Account \$							
Total Monetary \$50.00	Total Monetary \$ 4,060.77							
In-Kind \$	· · · · · · · · · · · · · · · · · · ·							
	(8) Other Distributions							
(9) TOTAL Monetary Contributions To Date [©] <u>12,145.00</u>	(10) TOTAL Monetary Expenditures To Date \$							
(11) CERTIFICATION								
It is a first degree misdemeanor for any person to faisify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, I certify that I have examined this report and it is true,								
Type name Laro Lyn B. Fenton	(Type name) William Dowald SALTER							
Individual (only for Treasurer Deputy Treasurer electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)							
Signature	X Welliam D. Salter Signature							

DS-DE 12 (Rev. 08/04)

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(3) Cover Period	107 121 112	thro	ugh _08 _/	09 112	(4) Page		of_
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8) Contributor	(9) Contribution	(10) In-kind	(11)	(12)
Number 08/02 //2	City, State, Zip Code Regina CARter 8617 Wilbourne Cove WAVARRE, FL 32566	Type T	Occupation .	Type CHE	Description	Amendment	Amoun 50.0
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

\$\$50.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name William Dowald SALter (2) I.D. Number _____

(3) Cover Period 07 / 21 / 12 through 08 / 09 / 12 (4) Page _____ of _____

	(5)	(7)	(8)	(9)	(10)	(11)
	Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type MoN	Amendment	Amount 4, 060.77
ľ	08 /02 / 1	2 TRENTS PRINts 2 4440 Woodbine Rd.	CAMPAIGN CARd MAILING			
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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