

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

ELECTIONS
6495 OFFICE USE ONLY F
MILTON FL 32570-4592
2010 AUG 4 AM 10 13

(1) Clifton Wheeler
Name
6229 Hamilton Bridge Road
Address (number and street)
Milton, FL 32570
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): SANTA ROSA COUNTY COMMISSIONER, DIST. 2
 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 7 / 17 / 10 To 7 / 30 / 10 Report Type F2
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>13.44</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>13.44</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 1,985.00

(10) TOTAL Monetary Expenditures To Date
\$ 1,591.96

(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.

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

(Type name) KAREN WHEELER
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
X *Karen Wheeler*
 Signature

(Type name) CLIFTON WHEELER
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X *Clifton Wheeler*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CLIFTON WHEELER

(2) I.D. Number _____

(3) Cover Period 7 / 17 / 10 through 7 / 30 / 10

(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
(6) Sequence Number					
7 / 23 / 10	WAL-MART HWY 90 PACE, FL 32571	CARD STOCK	MON		\$13.44
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 7 / 17 / 10 through 7 / 30 / 10 (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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