

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

OFFICE USE ONLY

2008 APR 7 AM 8 34

(1) MARY M. JOHNSON

Name

(2) 5713 SUNFLOWER AVENUE

Address (number and street)

MILTON, FLORIDA 32570

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): CLERK OF CIRCUIT COURT, SANTA ROSA COUNTY

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 Jan / 1 / 2008 To Mar. / 31 / 2008 Report Type Q1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ . 00

Loans \$ _____ . 00

Total Monetary \$ _____ . 00

In-Kind \$ _____ . 00

(7) EXPENDITURES THIS REPORT

Monetary

Expenditures \$ _____ 105 . 50

Transfers to Office

Account \$ _____ . 00

Total

Monetary \$ _____ 105 . 50

(8) Other Distributions _____ 00

\$ _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 212 . 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.

MARY M. JOHNSON

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Mary M. Johnson

Signature

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

(Type name)

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

X _____

Signature

DS-DE 12 (Rev. 08/04)

X Thomas L. Johnson

THOMAS L. JOHNSON,
Deputy Treasurer

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MARY M. JOHNSON (2) I.D. Number _____

(3) Cover Period 1 / 1 08 through 3 / 31 / 08 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
/ /		NONE						
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MARY M. JOHNSON

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 08 through 3 / 31 / 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
(6) Sequence Number					
1/ 10 / 08	SUPERVISOR OF ELECTIONS 6495 Caroline St., Ste. F Milton, Fl 32570	Verification of petition cards	MON		\$35.00
1					
2/ 5 / 08	SUPERVISOR OF ELECTIONS 6495 Caroline St., Ste F Milton, Fl 32570	Verification of petition cards	MON		\$25.50
2					
3/ 7 / 08	SUPERVISOR OF ELECTIONS 6495 Caroline Street, Ste F Milton, Fl 32570	Verification of petition cards	MON		\$28.40
3					
3/ 14 / 08	SUPERVISOR OF ELECTIONS 6495 CAROLINE ST., STE F MILTON, FL 32570	Verification of petition cards	MON		\$16.60
4					
///					
///					
///					
///					