

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

(1) MARY M. JOHNSON  
Name

(2) 5713 SUNFLOWER AVENUE  
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): 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 4 / 1 / 2008 To 7 / 18 / 2008 Report Type TR

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 \$                     \$288.00

Transfers to Office Account \$                     . 00

Total Monetary \$                     \$288.00

**(8) Other Distributions**

\$                     . 00

**(9) TOTAL Monetary Contributions To Date**

\$                     \$500.00

**(10) TOTAL Monetary Expenditures To Date**

\$                     \$500.00

**(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.

Thomas L. Johnson  
(Type name) ~~MARY M. JOHNSON~~

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Thomas L. 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)

Thomas L. Johnson  
Signature

Thomas L. Johnson

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MARY M. JOHNSON

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 4 / 1 2008 through 7 / 18 / 2008

(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 / 22 / 08	MARY M. JOHNSON 5713 Sunflower Avenue Milton, FL 32570	Refund of Loan	DIS		\$288.00
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MARY M. JOHNSON

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 4 / 1 / 2008 through 7 / 18 / 2008 (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
/ /	NONE						
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