

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

(1) STEPHANIE FINNELL  
Name  
(2) 112 SW PARTRIDGE CT  
Address (number and street)  
LAKE CITY, FL 32025  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1041521]  
Submitted on:  
8/4/2012 15:37:41 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1109

(4) Check appropriate box(es):  
 Candidate (office sought): SCHOOL BOARD DIST 5  
 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 4/1/2012 / 7/6/2012 / To 7/6/2012 /        / Report Type F1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00  
Loans \$ 0.00  
Total Monetary \$ 0.00  
In-Kind \$ 585.25

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0.00  
Transfers to Office Account \$ 0.00  
Total Monetary \$ 0.00

**(8) Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
\$ 2,760.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 1,784.93

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** STEPHANIE FINNELL **(2) I.D. Number** 1109  
 4/1/2012 through 7/6/2012  
**(3) Cover Period**      /      /      through      /      /      **(4) Page** 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation				
6/14/2012 / /	Finnell, Stephanie 112 SW Partridge Ct Lake City, Fl 32025	S	physician assistant	IK	campaign sign donation	Add	\$585.25
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name STEPHANIE FINNELL

(2) I.D. Number 1109

(3) Cover Period 4/1/2012 through 7/6/2012

(4) Page 1 of 0

(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					
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