

**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
[1041522]
Submitted on:
8/4/2012 16:21:07 (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 7/7/2012 To 7/20/2012 Report Type F2
 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 \$ 144.74

(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>X _____</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 & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name STEPHANIE FINNELL **(2) I.D. Number** 1109
(3) Cover Period 7/7/2012 through 7/20/2012 **(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				
7/16/2012 / /	Finnell, Stephanie 112 SW Partridge Ct Lake City, FL 32025	S	physician assistant	IK	campaign mailings	Add	\$55.64
1							
7/18/2012 / /	Finnell, Stephanie 112 SW Partridge Ct Lake City, FL 32025	S	physician assistant	IK	stamps for campaign mailers	Add	\$40.50
2							
7/17/2012 / /	Finnell, Stephanie 112 SW Partridge Ct Lake City, FL 32025	S	physician assistant	IK	stamps for campaign mailers	Add	\$48.60
3							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name STEPHANIE FINNELL

(2) I.D. Number 1109

(3) Cover Period 7/7/2012 through 7/20/2012

(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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