

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

(1) Darrin E. McGillis
Name

(2) P.O. Box 56-6091
Address (number and street)

Miami, FL 33256-6091
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY
ONLINE SUBMISSION

(3) ID Number: 582

(4) **Check appropriate box(es):**

Candidate (office sought): Clerk of the Circuit Court

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 1/1/2008 To 3/31/2008 Report Type Q1-08

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>6.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>6.00</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 8,349.00

(10) TOTAL Monetary Expenditures To Date
\$ 8,344.55

(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.

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(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____

Signature

(Type name) _____

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

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Darrin E. McGillis (2) I.D. Number 582

1/1/2008 through 3/31/2008

(3) Cover Period / / through / / (4) Page 1 of 0

(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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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Darrin E. McGillis

(2) I.D. Number 582

(3) Cover Period 1/1/2008 through 3/31/2008

(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					
3/7/2008 //	SUNTRUST BANK, 20295 S. DIXIE HIGHWAY MIAMI, FL 33189	bank fee	MO	Add	\$1.00
1					
3/7/2008 //	SUNTRUST BANK, 20295 S. DIXIE HIGHWAY MIAMI, FL 33189	bank fee	MO	Add	\$2.00
2					
3/26/2008 //	SUNTRUST BANK, 20295 S. DIXIE HIGHWAY MIAMI, FL 33189	bank fee	MO	Add	\$1.00
3					
3/26/2008 //	SUNTRUST BANK, 20295 S. DIXIE HIGHWAY MIAMI, FL 33189	bank fee	MO	Add	\$2.00
4					
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