

**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 11/1/2008 To 2/2/2009 Report Type TR-GO

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 \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1.49

Transfers to Office Account \$ 0.00

Total Monetary \$ 1.49

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 8,349.04

(10) TOTAL Monetary Expenditures To Date

\$ 8,349.04

(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.

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

(Type name)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X

X

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

11/1/2008 through 2/2/2009

(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 11/1/2008 through 2/2/2009

(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					
12/17/2008 //	MCGILLIS, DARRIN PO BOX 56-6091 MIAMI, FL 33256	re-pay loan close out account	MO	Add	\$1.49
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