FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Adrianne Campbell	OFFICE USE ONLY				
Name	ONLINE SUBMISSION				
(2) 158 Walline Loope Address (number and street)	[1006192]				
Santa Rosa Beach, FL 32459					
City, State, Zip Code					
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
(4) Check appropriate box(es):  X Candidate (office sought): South Walton Mo					
☐ Political Committee [	CHECK IF PC HAS DISBANDED				
<ul><li>☐ Committee of Continuous Existence</li><li>☐ Party Executive Committee</li></ul>	CHECK IF CCE HAS DISBANDED				
☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT I					
Cover Period: From	7/18/2008 / Report Type F1				
☑ Original ☐ Amendment ☐ Special Election	Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$	Monetary Expenditures \$ 25.00				
Loans \$	Transfers to Office Account \$ 0.00				
Total Monetary \$	Total Monetary \$ 25.00				
In-Kind \$					
	(8) Other Distributions \$ 0.00				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$50.00_	\$25.00_				
(11) CERT					
It is a first degree misdemeanor for any pers					
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 Treasurer Deputy Treasurer election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)				
X	X				
Signature	Signature				

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Adrianne Campbell				2) I.D. Numbe	er1	17
	4/1/2008		7	/18/2008			
(3) Cover Peri	od / /	thro	ough	<i>I I</i>	(4) Pag	je	of $\frac{1}{}$
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_	out of the training		Date: Intercept		
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	Amount
Number	City, State, Zip Code Campbell, Adrianne	Type I	Occupation owner,	Type CA	Description	Amendment	Amount \$50.0
6/17/2008	Walline		walline	011			,,,,,,
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name_	Adrianne Campbell		(2) I.D. Number	117	
	4/1/2008	7/18/2008			
(3) Cover I	Period / /	through//	(4) Page 1	<b>of</b> 1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/17/2008	Supervisor of Elections, 31 Coastal Centre Blvd. Suite #300 Santa Rosa Beach, FL 32459	qualifyin g fee	МО		\$25.00
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