

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

(1) Mildred T. Wilkerson  
**Name**

(2) 4995 State Highway 81  
**Address (number and street)**

Ponce de Leon, FL 32455  
**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1012479]

(3) ID Number: 80

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

Candidate (office sought): School Board District 1

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 4/1/2008 To 7/18/2008 Report Type F1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>200.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>200.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>250.81</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>250.81</u>

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 8,360.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 3,686.06

**(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 Mildred T. Wilkerson (2) I.D. Number 80

4/1/2008 through 7/18/2008

(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				
7/1/2008 / /	Huffman, Mr. % Mrs. James P.O. Box 1026 DeFuniak Springs, FL 32435	I		CH		Add	\$100.00
1							
7/1/2008 / /	Paul, William 130 W. Chaffin Avenue DeFuniak Springs, FL 32433	I		CA		Add	\$100.00
2							
/ /							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Mildred T. Wilkerson

(2) I.D. Number 80

(3) Cover Period 4/1/2008 through 7/18/2008

(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
7/7/2008 / /	USPS, Ponce de Leon, FL 32455	stamps	MO	Add	\$168.00
1					
7/1/2008 / /	Smith's Signs & Printing, 24 S. 8th Street DeFuniak Springs, FL 32435	magnetic signs	MO	Add	\$42.80
2					
6/27/2008 / /	Langley's Office Supply, 1027 S. 19th Street DeFuniak Springs, FL 32435	envelopes	MO	Add	\$40.01
3					
/ /					
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