

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

(1) Michael A. Adkinson, Jr.  
**Name**

(2) Protected Address  
**Address (number and street)**  
Protected,  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1012769]

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: 83

(4) **Check appropriate box(es):**  
 Candidate (office sought): Sheriff  
 Political Committee  
 Committee of Continuous Existence  
 Party Executive Committee  
 Electioneering Communication

**CHECK IF PC HAS DISBANDED**  
 **CHECK IF CCE HAS DISBANDED**  
 **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/19/2008 To 8/1/2008 / Report Type F2  
 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>-309.94</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>-309.94</u>

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 91,295.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 89,567.69

**(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.

(Type name) \_\_\_\_\_

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_

Signature

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

(Type name) \_\_\_\_\_

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

**X** \_\_\_\_\_

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael A. Adkinson, Jr. (2) I.D. Number 83

7/19/2008 8/1/2008

(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 Michael A. Adkinson, Jr.

(2) I.D. Number 83

(3) Cover Period 7/19/2008 through 8/1/2008

(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					
7/18/2008 / /	Petro, 65 Hwy 90 Defuniak Springs, Fl 32433	gas	MO	Delete	\$311.94
1					
7/30/2008 / /	Peoples National Bank, PO Box 51 Niceville, Fl 32588	service charge	MO	Add	\$2.00
2					
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