

**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

CHECK IF ADDRESS HAS CHANGED

(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

OFFICE USE ONLY
ONLINE SUBMISSION
[1012774]

(3) ID Number: 83

(5) REPORT IDENTIFIERS

Cover Period: From 10/31/2008 To 12/31/2008 Report Type Q4

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 \$ 2,132.02

Transfers to Office Account \$ 0.00

Total Monetary \$ 2,132.02

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 91,295.00

(10) TOTAL Monetary Expenditures To Date

\$ 91,295.00

(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

10/31/2008 12/31/2008

(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 Michael A. Adkinson, Jr.

(2) I.D. Number 83

(3) Cover Period 10/31/2008 through 12/31/2008

(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
11/6/2008 //	Adkinson, Mike Address Protected Defuniak Springs, Fl 32435	partial repayment of loan	MO		\$1,000.00
1					
12/18/2008 //	Adkinson, Mike Address Protected Defuniak Springs, Fl 32435	partial repayment of loan	MO		\$1,132.02
2					
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