FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Rhonda Skipper	OFFICE USE ONLY						
Name	ONLINE SUBMISSION						
(2) 380 Cat Island Road Address (number and street)	[1008231]						
DeFuniak Springs, FL 32433							
City, State, Zip Code							
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:85						
(4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Tax Collector ☐ 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/	Report Type F3						
☑ Original ☐ Amendment ☐ Special Election	Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$	Monetary Expenditures \$ 614.85						
Loans \$	Transfers to Office Account \$ 0.00						
Total Monetary \$	Total Monetary \$ 614.85						
In-Kind \$							
	(8) Other Distributions \$ 0.00						
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$						
(11) CERT							
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) Individual (only for election eering commun.) Treasurer Deputy Treasurer	(Type name) Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
X Signature	X Signature						
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Rhonda Skipper				z) I.D. Numbe	8	5
	8/2/2008		8,	/21/2008			
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(5)	(7)	(8)		(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Contrib		Contribution	In-kind		
Number	City, State, Zip Code	Type Oc	cupation	Туре	Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name_	Rhonda	Skippe	r	A CONTRACTOR OF THE CONTRACTOR	111111111111111111111111111111111111111		 (2) I.D. Num	nber	8	}5	- Pr
		8/2/20	8 0		8/21/20	800	~ ~				
(3) Cover I	Period	1		through	1	1	(4) Page	1	of	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
8/12/2008	Skipper, Rhonda 380 Cat Island Road Defuniak Springs, Fl 32433	partial repayment of loan from rhonda skipper	МО		\$614.85
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