FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Rhonda Skipper	OFFICE USE ONLY 85						
Name (2)	ONLINE SUBMISSION						
(2) 380 Cat Island Road, DeFuniak Springs, I  Address (number and street)	FL 32483 [1003551]						
City, State, Zip Code							
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4) Check appropriate box(es):  X Candidate (office sought): Tax Collector							
Political Committee	CHECK IF PC HAS DISBANDED						
Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED						
<ul><li>☐ Party Executive Committee</li><li>☐ Electioneering Communication</li></ul>	CHECK IF NO OTHER ELECTIONEERING						
	COMMUNICATION REPORTS WILL BE FILED						
(5) REPORT	<b>IDENTIFIERS</b> 3/31/2008						
Cover Period: From	/ / Report Type <sup>Q1</sup>						
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$0.00	Monetary Expenditures \$ 51.60						
Loans \$ 1,200.00	Transfers to Office Account \$ 0.00						
Total Monetary \$ 1,200.00	Total Monetary \$ 51.60						
In-Kind \$							
	(8) Other Distributions						
	\$						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$1,200.00_	\$51.60_						
(11) CERT	IFICATION						
100 m	son 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)	(Type name)						
Individual (only for Treasurer Deputy Treasurer electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
X	X						
Signature	Signature						

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

(1) Name	Rhonda Skipper				2) I.D. Numbe	er8	5
	1/1/2008			/31/2008			
(3) Cover Perio	od//	thre	ough	11	(4) Pag	je <sup>1</sup>	of $^1$
10.000 894			V4995				
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
1/4/2008	Skipper, Rhonda W		tax	LO			\$200.0
1, 1, 2000	380 Cat Island Road Defuniak Springs, Fl 32433		collector				
1							
3/20/2008	Skipper, Rhonda W	I	tax	LO			\$1,000.0
1 1	380 Cat Island Road Defuniak Springs, Fl 32433		collector				
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	Rhonda	Skippe	er				 (2) I.D. Num	nber	8	35	arv.
		1/1/20	08		3/31/20	800	~ ~				
(3) Cover F	Period		1	through _	1	1	 (4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
1/23/2008	BankTrust, 800 US Hwy 90 West Defuniak Springs, Fl 32433	check order	MO		\$16.40
3/31/2008	Supervisor of Elections, 312 College Avenue Unit E Defuniak Springs, Fl 32435	certifica petition tion	МО		\$35.20
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