

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

(1) Martha Ingle
Name

(2) 96 Country Manor
Address (number and street)

DeFuniak Springs, FL 32435

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

ONLINE SUBMISSION
[1004950]

(3) ID Number: 86

(4) Check appropriate box(es):

☒ Candidate (office sought): Clerk of Courts

☐ 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 9/1/2008 To 12/1/2008 / Report Type TR

☒ 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 \$ 123.85

Transfers to Office
Account \$ 0.00

Total
Monetary \$ 123.85

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 300.00

(10) TOTAL Monetary Expenditures To Date

\$ 300.00

(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 Martha Ingle (2) I.D. Number 86

9/1/2008

12/1/2008

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ **(4) Page** 1 of 0

[illegible]

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Martha Ingle

(2) I.D. Number 86

(3) Cover Period 9/1/2008 through 12/1/2008

(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
6/27/2008 / /	DeFuniak Herald, Baldwin Avenue DeFuniak Springs, FL 32435	thank you ad.	DI		\$141.75
1					
7/8/2008 / /	First National Bank and Trust, US Hwy 90 DeFuniak Springs, FL 32435	service fee	MO		\$59.95
2					
7/8/2008 / /	Ingle, Martha DeFuniak Springs, FL 32435	refund of portion of loan	RE		\$63.90
3					
/ /					
/ /					
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