

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

(1) Tim Yandell
Name
(2) 693 Old Ferry Road
Address (number and street)
Santa Rosa Beach, FL 32459
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1003503]

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 88

(4) Check appropriate box(es):
 Candidate (office sought): School Board District 1
 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 1/1/2008 To 3/31/2008 Report Type Q1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00
 Loans \$ 100.00
 Total Monetary \$ 100.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 13.30
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 13.30

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 100.00

(10) TOTAL Monetary Expenditures To Date
 \$ 13.30

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tim Yandell (2) I.D. Number 88

(3) Cover Period 1/1/2008 through 3/31/2008
 (4) Page 1 of 1

(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
2/8/2008 / /	Yandell, Tim 693 Old Ferry Rd Santa Rosa Bch, FL 32459	I		LO			\$100.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tim Yandell

(2) I.D. Number 88

(3) Cover Period 1/1/2008 through 3/31/2008

(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
(6) Sequence Number					
3/31/2008 / /	Supervisor of Elections, Bobby Beasley 25220 Highway 331 South Santa Rosa Beach, Fl 32459	verificat petition ion	MO		\$13.30
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