FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Joshua M. Sconiers	OFFICE USE ONLY 92						
Name (2) 1171 Oakwood Lakes Boulevard, DeFuniak S	ONLINE SUBMISSION						
(2) 1171 Oakwood Lakes Boulevard, DeFuniak S Address (number and street)	Springs, FL 32433 [1003435]						
City State 7in Code							
City, State, Zip Code ☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4) Check appropriate box(es):	(0) ID Number.						
X Candidate (office sought): Sheriff							
☐ Political Committee ☐ Committee of Continuous Existence	CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED						
☐ Party Executive Committee	CHECK IF OCE HAS DISBANDED						
☐ 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	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$0.00	Monetary Expenditures \$ 0.00						
Loans \$50.00	Transfers to Office Account \$ 0.00						
Total Monetary \$	Total Monetary \$ 0.00						
In-Kind \$							
	(8) Other Distributions \$ 0.00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$50.00	\$50.00_						
(11) CERTIFICATION							
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true,	on 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)	(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	Joshua M. Sconiers			58	Z) I.D. Numbe	er9	2
	1/1/2008			/31/2008		_	_
(3) Cover Peri	od / /	through	<u> </u>	<i>l l</i>	(4) Pag	e	of
(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contrib	utor cupation	Contribution Type	In-kind Description	Amendment	Amount
3/6/2008	Sconiers, Joshua M 1171 Oakwood Lakes Blvd. DeFuniak Springs, FL 32433	I		LO	to open campaign account.		\$50.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name_	Joshua	Μ.	Scon	iiers				 (2) I.D. Nun	nber	Š	}2	av.
		1/1	/200	8		3/31/	2008	~ ~				
(3) Cover I	Period		1	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
3/25/2008	Sconiers, Joshua Michael 1171 Oakwood Lakes Blvd. DeFuniak Springs, FL 32433	payback loan/ close campaign account	DI		\$50.00
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