

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

(1) Todd Maddox
Name
 (2) PO Box 561565
Address (number and street)
Rockledge, FL 32956
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1039323]
 Submitted on:
 7/19/2012 19:07:57 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 406

(4) **Check appropriate box(es):**
 Candidate (office sought): Sheriff
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 7/1/2011 To 9/30/2011 / Report Type Q3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>-5.85</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>-5.85</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 71,227.97

(10) TOTAL Monetary Expenditures To Date
 \$ 54,200.76

(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 Todd Maddox **(2) I.D. Number** 406
(3) Cover Period 7/1/2011 through 9/30/2011 **(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
9/30/2011 / /	Fain, Jr., MD, N. F	I		CH		Delete	\$100.00
1	500 S River Oaks Drive Indialantic, FL 329034615						
9/30/2011 / /	Fain, Jr., MD, N. F	I		CH		Add	\$0.00
2	500 S River Oaks Drive Indialantic, FL 329034615						
9/30/2011 / /	Fain, Jo Ann 500 S. River Oaks Dr. Indialantic, FL 32903	I	retired	CH		Add	\$100.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Todd Maddox

(2) I.D. Number 406

(3) Cover Period 7/1/2011 through 9/30/2011

(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					
9/24/2011 / /	Blush, Ann E ***Protected***	reimburse campaign expenses	MO	Delete	\$5.85
1					
9/24/2011 / /	Blush, Ann E ***Protected***	reimburse campaign expenses	MO	Add	\$0.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					