

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

(1) Herb Stephens  
**Name**  
 (2) 10091 Stonecrop Ave, Englewood, FL 34224  
**Address (number and street)**  
 \_\_\_\_\_  
**City, State, Zip Code**

**OFFICE USE ONLY** 105  
**ONLINE SUBMISSION**  
 [1000077]

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: \_\_\_\_\_

(4) **Check appropriate box(es):**  
 Candidate (office sought): Airport Authority District 3  
 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 1/1/2007 To 3/31/2007 / \_\_\_\_\_ Report Type Q107

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 \$ 67.37  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 67.37

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 100.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 67.37

**(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 EXPENDITURES**

(1) Name Herb Stephens

(2) I.D. Number 105

(3) Cover Period 1/1/2007 through 3/31/2007

(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					
3/4/2007 / /	CNS Printing, W. Marion Ave. Punta Gorda, FL 33950	printing	MO		\$67.37
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					