

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

(1) Jim Gallagher
Name

(2) PO Box 495995
Address (number and street)

Port Charlotte, FL 33949-5995
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY
ONLINE SUBMISSION
[1006297]

(3) ID Number: 115

(4) Check appropriate box(es):
 Candidate (office sought): Sheriff
 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 10/1/2007 To 12/31/2007 Report Type Q407
 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>145.00</u> |

(7) EXPENDITURES THIS REPORT

| | | |
|-----------------------------|----|----------------|
| Monetary Expenditures | \$ | <u>-145.00</u> |
| Transfers to Office Account | \$ | <u>0.00</u> |
| Total Monetary | \$ | <u>-145.00</u> |

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 1,725.00

(10) TOTAL Monetary Expenditures To Date
\$ 1,664.09

(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 Jim Gallagher (2) I.D. Number 115

10/1/2007 through 12/31/2007

(3) Cover Period / / through / / (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 |
|------------------|--|---------------------------------------|-----------|-----------------------------|--------------------------------|-------------------|----------------|
| 12/7/2007 / / | Gallagher, James J PO Box 495995 Port Charlotte, FL 33949-5995 | I | candidate | IK | magnetic signs | Add | \$145.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jim Gallagher

(2) I.D. Number 115

(3) Cover Period 10/1/2007 through 12/31/2007

(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 | | | | | |
| 12/7/2007 // | Speedway Grafix, 18505 Paulson Drive Port Charlotte, FL 33954 | magnetic signs | MO | Delete | \$145.00 |
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