

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

(1) John Lyons
Name

(2) 3287 Osprey Lane
Address (number and street)

Port Charlotte, FL 33953
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY
ONLINE SUBMISSION
[1008794]

(3) ID Number: 135

(4) Check appropriate box(es):

- Candidate (office sought): Riverwood CDD, Group 4
- 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 8/22/2008 To 9/12/2008 / Report Type G108

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>222.00</u> |

(7) EXPENDITURES THIS REPORT

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

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 50.00

(10) TOTAL Monetary Expenditures To Date
\$ 1.50

(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 John Lyons (2) I.D. Number 135

8/22/2008 through 9/12/2008

(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 | | (9) Contribution | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|--------------------|------------|---------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | Type | | | |
| 9/5/2008 / / | MacDougall, Carol 14423 Silver Lakes Circle Port Charlotte, FL 33953 | I | retired | IK | flyers, business cards | | \$200.00 |
| 1 | | | | | | | |
| 9/10/2008 / / | Lyons, John 3287 Osprey Lane Port Charlotte, FL 33953 | I | | IK | ink cartridge, paper | | \$22.00 |
| 2 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name John Lyons

(2) I.D. Number 135

(3) Cover Period 8/22/2008 through 9/12/2008

(4) Page 1 of 0

| (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 | | | | | |
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