

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

(1) Mike Hale  
Name  
(2) 8963 Sandusky Avenue S.  
Address (number and street)  
Jacksonville, FL 32216  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1015250]  
Submitted on:  
10/11/2009 18:39:56 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 193

(4) Check appropriate box(es):  
 Candidate (office sought): City Council District 4  
 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 7/1/2009 To 9/30/2009 / Report Type Q3  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 200.00  
 Loans \$ 0.00  
 Total Monetary \$ 200.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 10.00  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 10.00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 200.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 10.00

**(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><b>X</b> _____</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 &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Mike Hale

(2) I.D. Number 193

(3) Cover Period 7/1/2009 through 9/30/2009

(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					
9/21/2009 / /	Vystar Credit Union, 7802 Atlantic Blvd. Jacksonville, FL 32216	new membership fees	MO		\$5.00
1					
9/21/2009 / /	Vystar Credit Union, 7802 Atlantic Blvd. Jacksonville, FL 32216	savings account minimum deposit fee	MO		\$5.00
2					
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