| FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| (1) Samuel Yozviak  | OFFICE USE ONLY  |  |  |  |  |  |  |
| Name (2) 3701 Cassandra Dr  | ONLINE SUBMISSION [1032990]  |  |  |  |  |  |  |
| Address (number and street)   | Submitted on:  |  |  |  |  |  |  |
| _Tallahassee, FL 32309  | 1/10/2012 20:46:46 (eastern)   |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |
| ☐ CHECK IF ADDRESS HAS CHANGED  | (3) ID Number: 265   |  |  |  |  |  |  |
| (4) Check appropriate box(es):    X Candidate (office sought): Leon County Tax Collector   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 I  |  |  |  |  |  |  |  |
| Cover Period: From  | 12/31/2011 / Report Type Q4  |  |  |  |  |  |  |
| ☑ Original ☐ Amendment ☐ Special Election   | Report Independent Expenditure Report  |  |  |  |  |  |  |
| (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT  |  |  |  |  |  |  |  |
| Cash & Checks \$  | Monetary Expenditures \$ 0.00  |  |  |  |  |  |  |
| Loans \$  | Transfers to Office Account \$ 0.00  |  |  |  |  |  |  |
| Total Monetary \$   | Total Monetary \$ 0.00   |  |  |  |  |  |  |
| In-Kind \$  |  |  |  |  |  |  |  |
|   | (8) Other Distributions \$ 0.00  |  |  |  |  |  |  |
| (9) TOTAL Monetary Contributions To Date \$455.00_  | (10) TOTAL Monetary Expenditures To Date \$                                    |  |  |  |  |  |  |
| (11) CERTI  |  |  |  |  |  |  |  |
| It is a first degree misdemeanor for any personal cortify that I have examined this report and it is true   |  |  |  |  |  |  |  |
| I certify that I have examined this report and it is true, correct, and complete.  I certify that I have examined this report and it is true, correct, and complete.  |  |  |  |  |  |  |  |
| (Type name)   | (Type name)  |  |  |  |  |  |  |
| Individual (only for Treasurer Deputy Treasurer electioneering commun.)   | Candidate Chairperson (only for PC, PTY & electioneering commun. organization) |  |  |  |  |  |  |
| X   | X  |  |  |  |  |  |  |
| Signature   | Signature  |  |  |  |  |  |  |

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

| (1) Name        | Samuel Yozviak                |                      |            |              | ع numbe. الاع        | 2   | 265             |
|-----------------|-------------------------------|----------------------|------------|--------------|----------------------|---|-----------------|
|                 | 10/1/2011                     | 10/1/2011 12/31/2011 |            |              |                      |   |                 |
| (3) Cover Perio | od / /                        | thro                 |            |              | (A) Pag              | e <sup>1</sup>                            | of <sup>0</sup> |
| (3) Cover Ferre | Du                            |                      |            | ·            | ( <del>+</del> ) Fay | -   | 01              |
|                 |                               |                      |            | T            |                      |   | 1               |
| (5)             | (7)                           |                      | (8)        | (9)          | (10)                 | (11)                                      | (12)            |
| Date            | Full Name                     |                      |            |              |                      |   |                 |
| (6)             | (Last, Suffix, First, Middle) |                      |            |              |                      |   |                 |
|                 |                               | _                    | L - L      | 0 111 11     | Dec 4230001          |   |                 |
| Sequence        | Street Address &              | 1                    | ntributor  | Contribution | In-kind              | 12 W 100 CPT 101 C00 C0 W 200 C00 C00 C00 | -               |
| Number          | City, State, Zip Code         | Туре                 | Occupation | Туре         | Description          | Amendment                                 | Amount          |
|                 |                               |                      |            |              |                      |   |                 |
| 1               |                               |                      |            |              |                      |   |                 |
| r               |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
| <i>I</i> 1      |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
| 1 1             |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
| 1 1             |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
| 1 1             |                               |                      |            |              |                      |   |                 |
| 1 1             |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
| ž ž             |                               |                      |            |              |                      |   |                 |
| J 1             |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
| 1               |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
| 1 1             |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |
|                 |                               |                      |            |              |                      |   |                 |

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

| (1) Name _  | Samuel | Yozvia | ık  | A CONTRACTOR OF THE CONTRACTOR | 111111111111111111111111111111111111111 |      | <br>(2) I.D. Num | nber | 2  | 265 | - Pr |
|-------------|--------|--------|-----|--|---|------|------------------|------|----|-----|------|
|             |        | 10/1/2 | 011 |  | 12/31/2                                 | 2011 | ~ ~              |      |    |     |      |
| (3) Cover F | Period |        |     | through  | 1                                       | 1    | <br>(4) Page     | 1    | of | 1   |      |

| (5)<br>Date               |   |   | (9)                 | (10)      | (11)    |
|---------------------------|---|---|---------------------|-----------|---------|
| (6)<br>Sequence<br>Number | Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | Purpose<br>(add office sought if<br>contribution to a<br>candidate) | Expenditure<br>Type | Amendment | Amount  |
| 11/12/2011                | Piggy's BBQ,<br>Tallahassee, Fl 32310   | road vendor   | PS                  |           | \$43.00 |
| 1                         |   |   |                     |           |         |
| //                        |   |   |                     |           |         |
| //                        |   |   |                     |           |         |
| //                        |   |   |                     |           |         |
| //                        |   |   |                     |           |         |
| //                        |   |   |                     |           |         |
| //                        |   |   |                     |           |         |
| //                        |   |   |                     |           |         |