

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Forrest Van Camp
 Name
 (2) 7766 Cornucopia Ln
 Address (number and street)
Tallahassee, FL 32309
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1128284]

Submitted on:
 9/28/2016 22:34:09 (eastern)

Check here if address has changed

(3) ID Number: 472

(4) Check appropriate box(es):

- Candidate Office Sought: Leon County Superintendent of Schools
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 6 / 1 / 2016 To 6 / 24 / 2016 Report Type: P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 09

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 09

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 11 , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 9 , 756 . 17

(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 IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Forrest Van Camp (2) I.D. Number 472

6/1/2016 through 6/24/2016

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Forrest Van Camp

(2) I.D. Number 472

(3) Cover Period 6/1/2016 through 6/24/2016

(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					
6/15/2016 / /	SunTrust, 3522 Thomasville Road Tallahassee, Fl 32309	checks for account	MO	Delete	\$130.60
1					
6/15/2016 / /	SunTrust, 3522 Thomasville Road Tallahassee, Fl 32309	checks for account	MO	Add	\$130.69
2					
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