FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) John Maloney	OFFICE USE ONLY 111							
Name								
(2) 2060 Continental Ave., Apt. 134, Tallaha	ssee, FL 32304							
Address (number and street)								
City, State, Zip Code								
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:							
(4) Check appropriate box(es):  X Candidate (office sought): Ochlockonee R.	S. & W. Conservation 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 I	DENTIFIERS							
Cover Period: From 11/3/2006 To	2/5/2007 / Report Type TR-G							
☑ Original ☐ Amendment ☐ Special Election	Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$	Monetary Expenditures \$ 15.42							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$	Total Monetary \$ 15.42							
In-Kind \$								
	(8) Other Distributions \$0.00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$155.10_	\$156.15_							
(11) CERTIFICATION								
It is a first degree misdemeanor for any pers	on 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.  I certify that I have examined this report and it is true, correct, and complete.								
(Type name)	(Type name)							
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)							
X	X							
Signature	Signature							

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

(1) Name	John Maloney			s	z) I.D. Numbe	1	.11
	11/3/2006		2	/5/2007			
(3) Cover Perio	od//	thro			(4) Pag	<b>e</b> 1	of <sup>0</sup>
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		(6)	(9)	(10)	(11)	(12)
	1						
(6)	(Last, Suffix, First, Middle)	_	S. November 1. Section 1.		Process Processed		
Sequence	Street Address &		ontributor	Contribution	In-kind	***************************************	• 6 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name Joh	ın Mal	loney	100				 (2) I.D. Nun	nber	-	L11	an an
	1	1/3/2	006		2/5/200	7					
(3) Cover Perio	bc	1	1	through	1	1	 (4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
12/1/2006	ORSWCD, 415 Paul Russell Road Tallahassee, FL 32304	donation	MO		\$15.42
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