

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

(1) M. Thure Caire
Name

(2) 6501 Alan A Dale Trail, Tallahassee, FL 32309
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 113

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Ochlockonee R. S. & W. Conservation District 3

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 9/1/2006 To 9/15/2006 / Report Type 06-G1

Original Amendment Special Election Report Independent Expenditure 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 \$ _____ 0.00

Transfers to Office Account \$ _____ 0.00

Total Monetary \$ _____ 0.00

(8) Other Distributions
\$ _____ 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ 4,270.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 3,706.96

(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.

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(Type name)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X

X

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name M. Thure Caire (2) I.D. Number 113

9/1/2006 through 9/15/2006

(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 M. Thure Caire

(2) I.D. Number 113

(3) Cover Period 9/1/2006 through 9/15/2006

(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					
9/2/2006 / /	U.S. Postal Svc,	mailing costs	MO	Delete	\$7.32
1					
9/2/2006 / /	U.S. Postal Svc, Centerville Rd Tallahassee, FL 32317	mailing costs	MO	Add	\$7.32
2					
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