

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

<p>(1) <u>Dorothy C. Spence</u> Name</p> <p>(2) <u>3982 Chaires Crossroads, Tallahassee, FL 32317</u> Address (number and street)</p> <p>_____ City, State, Zip Code</p>	<p>OFFICE USE ONLY 74</p>
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CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) **Check appropriate box(es):**

<input checked="" type="checkbox"/> Candidate (office sought): <u>Leon County Commission - District 5</u>	<input type="checkbox"/> CHECK IF PC HAS DISBANDED
<input type="checkbox"/> Political Committee	<input type="checkbox"/> CHECK IF CCE HAS DISBANDED
<input type="checkbox"/> Committee of Continuous Existence	
<input type="checkbox"/> Party Executive Committee	
<input type="checkbox"/> Electioneering Communication	<input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 9/2/2006 To 12/4/2006 / _____ Report Type TR-P

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	\$ _____ 125.57
Transfers to Office Account	\$ _____ 0.00
Total Monetary	\$ _____ 125.57

(8) Other Distributions

\$ _____ 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ 5,372.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 5,372.00

(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>X _____</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 & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Dorothy C. Spence (2) I.D. Number 74

9/2/2006 12/4/2006

(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 Dorothy C. Spence

(2) I.D. Number 74

(3) Cover Period 9/2/2006 through 12/4/2006

(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					
11/16/2006 //	Spence, Dorothy 3982 Chaires Cross Rd. Tallahassee, Fl 32317	re-imburs ement	MO		\$125.57
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