FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) John D. C. Newton, II	OFFICE USE ONLY 77					
Name (2) 629 Ingleside Avenue, Tallahassee, FL 32	2303					
Address (number and street)	1303					
City, State, Zip Code						
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
(4) Check appropriate box(es):						
X Candidate (office sought): Leon County Ju □ Delitical Councittes						
☐ Political Committee ☐ Committee of Continuous Existence	CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED					
☐ Party Executive Committee	_ CHECK IF CCE HAS DISBANDED					
☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED						
(5) REPORT	IDENTIFIERS					
Cover Period: From	2/5/2007 / / Report TypeTR-G					
☐ Original	Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$159.26	Monetary Expenditures \$ 0.00					
Loans \$	Transfers to Office Account \$ 0.00					
Total Monetary \$159.26	Total Monetary \$ 0.00					
In-Kind \$						
	(8) Other Distributions \$ 0.00					
	<u> </u>					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$147,337.07	\$147,337.07_					
(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	(1) Name							
	11/3/2006		2/5/2007					
(3) Cover Peri	od / /	through	1 1	(4) Pag	ge	of		
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupat		In-kind Description	Amendment	Amount		
2/14/2007	Newton, John 629 Ingleside Avenue Tallahassee, FL 32303	I attorne former candida			Add	\$159.2		
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES 1) Name John D. C. Newton, II (2) I.D. Number 77							
	11/3/2006 2,	/5/2007					
(3) Cover Period	/through	/(2	1) Page1	of _	0		
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount		
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