

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

(1) Cliff Thae11
Name

(2) P O Box 87, Tallahassee, FL 32302
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Leon County Commission - At Large, Group 2

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 7/1/2005 To 9/30/2005 / Report Type 05-Q3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 375.00

Loans \$ 0.00

Total Monetary \$ 375.00

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

\$ 171,696.35

(10) TOTAL Monetary Expenditures To Date

\$ 154,152.15

(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) _____
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X _____
Signature

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Cliff Thae11 (2) I.D. Number 81
 7/1/2005 9/30/2005
 (3) Cover Period / / through / / (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation				
8/29/2005 / /	Florida Commerce Credit Union, Post Office Box 6416 Tallahassee, Fl 32314	B		CH		Delete	\$100.00
1							
8/29/2005 / /	Barnes, Althamese 2619 Summerwood Dr. Tallahassee, Fl 32303	I		CH		Add	\$100.00
2							
9/27/2005 / /	St. Petery, Louis 1132 Lee Avenue Tallahassee, Fl 32303	I	physician	CH		Delete	\$100.00
3							
9/30/2005 / /	Shekitka, Jan P.O. Box 20417 Tallahassee, Fl 32316	I		CH		Delete	\$25.00
4							
8/12/2005 / /	Shelfer, Fred 10939 Luna Point Dr. Tallahassee, FL 32312	I	ceo of non-profit	CH		Add	\$250.00
5							
9/29/2005 / /	HCA North Florida Division and, 101 N. Monroe St., Suite 801 Tallahassee, FL 32301	C	hospital pac	CH		Add	\$250.00
6							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Cliff Thael

(2) I.D. Number 81

(3) Cover Period 7/1/2005 through 9/30/2005

(4) Page 1 of 0

(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					
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