

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

OFFICE USE ONLY 97

(1) Chip Sellers
Name

(2) 4910 N. Monroe Street, Tallahassee, FL 32303
Address (number and street)

City, State, Zip Code

(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): Leon County Commission - 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 7/1/2006 To 7/28/2006 / Report Type 06-F1

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 \$ 0.65

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.65

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 20,775.00

(10) TOTAL Monetary Expenditures To Date

\$ 20,725.00

(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.

(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) _____

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

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Chip Sellers (2) I.D. Number 97

7/1/2006 through 7/28/2006

(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 Chip Sellers

(2) I.D. Number 97

(3) Cover Period 7/1/2006 through 7/28/2006

(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
7/28/2006 / /	Tozzi, Sal 702 Miccosukee Road Tallahassee, FL 32308	reimburse ment of expenses: target copy,	MO	Delete	\$683.00
1					
7/28/2006 / /	Tozzi, Sal 702 Miccosukee Road Tallahassee, FL 32308	reimburse ment of expenses: target copy, campaign	MO	Add	\$683.65
2					
/ /					
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