

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

(1) Chip Sellers
Name
(2) 4910 N. Monroe Street, Tallahassee, FL 32303
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 - 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 7/29/2006 To 8/11/2006 / Report Type 06-F2

☐ 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 \$ 2,548.06

Transfers to Office Account \$ 0.00

Total Monetary \$ 2,548.06

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 21,650.00

(10) TOTAL Monetary Expenditures To Date

\$ 17,004.51

(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
(3) Cover Period 7/29/2006 through 8/11/2006 **(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 7/29/2006 through 8/11/2006

(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
7/31/2006 / /	Tozzi, Sal 702 Miccosukee Road Tallahassee, FL 32308	campaign consulting	MO	Add	\$1,493.08
1					
7/31/2006 / /	Vowell, Greg 9178 Old Chemonie Road Tallahassee, FL 32317	printing layout	MO	Add	\$60.00
2					
7/31/2006 / /	Greater Tallahassee Chamber, 100 N. Duval St. Tallahassee, FL 32302	chamber reception	MO	Add	\$200.00
3					
7/31/2006 / /	Tozzi, Sal 702 Miccosukee Road Tallahassee, FL 32308	mailer and reimburse stamps ment	MO	Add	\$533.99
4					
8/8/2006 / /	Hicks, Melanie 7002 Miccosukee Road Tallahassee, FL 32308	mailer reimburse stamps ment	MO	Add	\$260.99
5					
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