

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DeLayne Watson Todd
 Name
 (2) 22943 NE Goodman Landing Rd
 Address (number and street)
Hosford, FL 32334
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1134104]

Submitted on:
 11/3/2016 14:09:59 (eastern)

Check here if address has changed

(3) ID Number: 136

(4) Check appropriate box(es):

Candidate Office Sought: Tax Collector

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 22 / 2016 To 11 / 3 / 2016 Report Type: G7

Original

Amendment

Special Election 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 \$, , 56 . 55

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 56 . 55

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 3 , 150 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 3 , 150 . 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 IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DeLayne Watson Todd (2) I.D. Number 136

10/22/2016 through 11/3/2016

(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 DeLayne Watson Todd

(2) I.D. Number 136

(3) Cover Period 10/22/2016 through 11/3/2016

(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					
10/25/2016 / /	Todd, DeLayne W 22943 NE Goodman Landing Rd Hosford, FL 32334	reimbursement for gas	RM		\$56.55
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