

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

(1) Jason Henry Culler
Name
 (2) 85 NW 21 Street
Address (number and street)
Homestead, Fl 33030
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1017558]
 Submitted on:
 4/10/2010 11:47:30 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 765

(4) **Check appropriate box(es):**
 Candidate (office sought): County Commission 08
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 1/1/2010 To 3/31/2010 / Report Type Q1-10
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 490.00
 Loans \$ 0.00
 Total Monetary \$ 490.00
 In-Kind \$ 40.00

(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
 \$ 490.00

(10) TOTAL Monetary Expenditures To Date
 \$ 0.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jason Henry Culler (2) I.D. Number 765
 1/1/2010 through 3/31/2010
 (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				
3/5/2010 / /	Mitchell, Charles 16921 sw 302 terr. Homestead, Fl 33030	I		CH			\$50.00
1							
3/5/2010 / /	Sizemore, Kim Norwood 90 nw 15 st Homestead, Fl 33030	I	agricultur e insurance	CH			\$150.00
2							
3/5/2010 / /	Kitchen, Charles 1601 nw 17 St Homestead, Fl 33030	I		CH			\$40.00
3							
3/5/2010 / /	Versage, Elayne 25611 sw 130 Ave Homestead, Fl 33032	I	assited living facilitat	CH			\$100.00
4							
3/5/2010 / /	Lofton, Robert L 26520 Sw 173 Pl Homestead, Fl 33031	I	optomitris t	CH			\$100.00
5							
3/5/2010 / /	Sechrest, Lannie J 100 ne 6 Ave lot 508 Homestead, Fl 33030	I	youth pastor	CH			\$50.00
6							
3/8/2010 / /	Culler, Jason 85 nw 21 st Homestead, Fl 33030	I		IK	county map for dist 8		\$40.00
7							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jason Henry Culler

(2) I.D. Number 765

(3) Cover Period 1/1/2010 through 3/31/2010

(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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