

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

(1) Christie Zimmer
Name

(2) PO Box 2144, Land O' Lakes, FL 34639
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): County Commissioner District 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 8/12/2006 To 8/31/2006 / Report Type P3-06

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 \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 17,845.00

(10) TOTAL Monetary Expenditures To Date

\$ 14,763.53

(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.

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

(Type name) _____

(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X _____

X _____

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Christie Zimmer (2) I.D. Number 84

8/12/2006 through 8/31/2006

(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 Christie Zimmer

(2) I.D. Number 84

(3) Cover Period 8/12/2006 through 8/31/2006

(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
(6) Sequence Number					
8/14/2006 //	CITY OF DADE CITY, MERIDIAN STREET DADE CITY, FL 33526	sign permit	MO	Delete	\$100.00
1					
8/14/2006 //	CITY OF DADE CITY, 38020 MERIDIAN STREET DADE CITY, FL 33525	sign permit	MO	Add	\$100.00
2					
8/30/2006 //	SALVATO'S, WILLOW BEND SHOPPING CENTER LUTZ, FL 33549	restaurant	MO	Delete	\$200.00
3					
8/30/2006 //	SALVATO'S, 22948 S.R. 54 LUTZ, FL 33549	restaurant	MO	Add	\$200.00
4					
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