

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

(1) Michael Hofstee
Name
 (2) 207 NW St. James Drive
Address (number and street)
Port St. Lucie, FL 34983
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1024064]
 Submitted on:
 10/7/2010 13:26:23 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 130

(4) **Check appropriate box(es):**
 Candidate (office sought): School Board, District 3
 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 4/1/2010 To 7/16/2010 Report Type F1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>35.12</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>35.12</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 19,612.72

(10) TOTAL Monetary Expenditures To Date
 \$ 16,047.34

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

(1) Name Michael Hofstee (2) I.D. Number 130

4/1/2010 through 7/16/2010

(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
4/30/2010 / /	Anonymous , unknown Port St Lucie, FL 34983	I		CA		Add	\$35.00
1							
6/18/2010 / /	PayPal , paypal.com NA, NA NA	B		CA	deposit from paypal to verify checking account.	Add	\$0.12
2							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Hofstee

(2) I.D. Number 130

(3) Cover Period 4/1/2010 through 7/16/2010

(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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