

**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**  
[1019614]  
Submitted on:  
8/2/2010 15:49:46 (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  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/17/2010 To 7/30/2010 / Report Type F2  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 300.00  
 Loans \$ 0.00  
 Total Monetary \$ 300.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 7,513.16  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 7,513.16

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 18,091.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 14,757.95

**(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><b>X</b> _____</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 &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Michael Hofstee **(2) I.D. Number** 130  
**(3) Cover Period** 7/17/2010 through 7/30/2010 **(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
7/22/2010 / /	The Bug Dr., 502 SW Comet Ter Port St Lucie, FL 34953	B		CH			\$100.00
1							
7/23/2010 / /	Green, Anita B 1163 SW Mirror Lake Cove Port St Lucie, FL 34986	I		CH			\$75.00
2							
7/26/2010 / /	Tedder, James M 4970 Slash Pine Trail Fort Pierce, FL 34951	I		CH			\$25.00
3							
7/23/2010 / /	Norton, Margaret A 1704 Coconut Dr Fort Pierce, FL 34949	I		CH			\$50.00
4							
7/29/2010 / /	Churchill, Daniel W 1298 NW Mossy Oak Way Jensen Beach, FL 34957	I		CH			\$50.00
5							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Michael Hofstee

(2) I.D. Number 130

(3) Cover Period 7/17/2010 through 7/30/2010

(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					
7/17/2010 / /	The Bureau Inc, 3131 Southeast Waaler Street Stuart, FL 34997	mail processing	MO		\$7,293.16
1					
7/30/2010 / /	Post Office, 5000 West Midway Road Fort Pierce, Fl 34981	stamps	MO		\$220.00
2					
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/ /					
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