

**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
[1024066]
Submitted on:
10/7/2010 13:28:23 (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
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 6/19/2010 To 9/16/2010 / Report Type TR
 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 \$ 3,615.38
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 3,615.38

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 19,662.72

(10) TOTAL Monetary Expenditures To Date
 \$ 19,662.72

(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

6/19/2010 through 9/16/2010

(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 Michael Hofstee

(2) I.D. Number 130

(3) Cover Period 6/19/2010 through 9/16/2010

(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					
9/14/2010 //	Love Center Regeneration, 907 N 13th St Fort Pierce, FL 34950	disposistion	MO	Add	\$100.00
1					
9/14/2010 //	Samaritan's Purse, PO Box 3000 Boone , NC 28607-3000	disposistion	MO	Add	\$300.00
2					
9/14/2010 //	Morningside Academy, 2180 SE Morningside Blvd Port St Lucie, FL 34952	disposistion	MO	Add	\$415.38
3					
9/14/2010 //	Treasure Coast Food Bank, 3051 Industrial St Ft Pierce, FL 34946	disposistion	MO	Add	\$300.00
4					
9/14/2010 //	Pregnancy Care Center, 1119 Delaware Ave Fort Pierce, FL 34950	disposistion	MO	Add	\$1,000.00
5					
9/14/2010 //	Liberty Counsel, PO Box 540774 Orlando , FL 32854	disposistion	MO	Add	\$500.00
6					
9/14/2010 //	CareNet Pregnancy Srvc of TC, 8432 South US Highway 1 Port St Lucie, FL 34952	disposistion	MO	Add	\$1,000.00
7					
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