

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

(1) John F. Dixon
Name
 (2) 6405 S Header Canal Road
Address (number and street)
Port St. Lucie, FL 34987
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1017676]
 Submitted on:
 4/12/2010 09:47:15 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 138

(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 1/1/2010 To 3/31/2010 Report Type Q1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>140.94</u>
Total Monetary	\$	<u>140.94</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
 \$ 140.94

(10) TOTAL Monetary Expenditures To Date
 \$ 140.94

(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
---	---

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name John F. Dixon **(2) I.D. Number** 138
(3) Cover Period 1/1/2010 through 3/31/2010 **(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
3/19/2010 / /	Dixon, John F 6405 S Header Canal Rd Port Saint Lucie, Fl 34987	I	school district maintena	LO		Add	\$14.95
1							
3/27/2010 / /	Dixon, John F 6405 S Header Canal Rd Port Saint Lucie, Fl 34987	I	school district maintena	LO		Add	\$75.99
2							
3/30/2010 / /	Dixon, John F 6405 S Header Canal Rd Port Saint Lucie, Fl 34987	I	school district maintena	LO		Add	\$50.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name John F. Dixon

(2) I.D. Number 138

(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					
//					
//					
//					
//					
//					
//					
//					