

**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
[1025612]
Submitted on:
11/11/2010 20:22:56 (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
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 8/20/2010 To 11/19/2010 Report Type TR
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 250.00
 Loans \$ 0.00
 Total Monetary \$ 250.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 21.50
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 21.50

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 5,842.57

(10) TOTAL Monetary Expenditures To Date
 \$ 5,842.57

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

(1) Name John F. Dixon (2) I.D. Number 138

8/20/2010 through 11/19/2010

(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		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
9/20/2010 / /	City of Port Saint Lucie, 121 SW Port Saint Lucie Blvd Port Saint Lucie, Fl 34984	O	city hall	RE		Add	\$250.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name John F. Dixon

(2) I.D. Number 138

(3) Cover Period 8/20/2010 through 11/19/2010

(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
9/20/2010 / /	Vista Print,	thank you cards	MO	Add	\$21.50
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