	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	Ralph Thomas	OFFICE USE ONLY				
, .	Name	ONLINE SUBMISSION				
(2)	637 Hunters Trace	Submitted on:				
	Address (number and street)	9/23/2016 09:42:22 (eastern)				
	Crawfordville, FL 32327 City, State, Zip Code	<del></del>				
	Check here if address has changed	(3) ID Number: 39				
(4)	Check appropriate box(es):	(o) ID Number.				
(4)	<ul><li>☑ Candidate Office Sought: County Commis</li></ul>	sioner District 1				
	Political Committee (PC)					
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded				
	☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [☐ Independent Expendent	<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>				
	individual making electioneering communications)	Officer liefe if the other in of helports will be filed				
	(5) Parant	1.1				
Cove		Identifiers				
		9 / 16 / 2016 Report Type: <u>G2</u>				
N O	Original Amendment Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Casl	h & Checks \$ ,1 , <u>075</u> . <u>00</u>	Monetary				
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$ , , 0 . 00				
Tota	Il Monetary \$ ,1 , <u>075</u> . <u>00</u>	Total Monetary \$ , , 0 . 00				
In-Ki	ind \$,,, _000					
		(8) Other Distributions				
		\$,, <u>0</u> . <u>00</u>				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$, <u>13</u> , <u>355</u> . <u>00</u>	\$,7 , <u>276</u> . <u>83</u>				
	(11) Cert It is a first degree misdemeanor for any pers					
Ιc	certify that I have examined this report and it is true, corr	ect, and complete:				
(T	ype name)	(Type name)				
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)				
X		x				
Si	gnature	Signature				

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	alph Thomas				(2	) I.D. Number _		39	
	9/3/2016			9/16/	2016				
(3) Cover Period	<i>t</i>	1	through	1	1	(4) Page	1	of $\frac{1}{}$	

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		(0)	(8)	(10)	(119	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	с	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	\$25.75.71.136.676003.7865.05600.0577	Туре	Description	Amendment	Amount
9/12/2016	McClellan, Mary 1300 E Maxwell St Pensacola, FL 32503		retired	СН			\$250.00
1							
9/12/2016	Hill, Keith 2740 Chickering Road Pensacola, FL 32514	I		СН			\$100.00
2							
9/12/2016	Tillman, Jane 551 Mashes Sand Road Panacea, FL 32346	I		СН			\$100.00
3							
9/12/2016 / /	Waite, Jimmy 6140 Arnies Way Milton, FL 32670	I		СН			\$100.00
4							
9/12/2016 / /	Delp, Richard 8241 Notre Dame Drive Gulf Breeze, FL 32568	I		СН			\$25.00
-	Dewberry,	В	profession al	ı СН			\$500.00
9/12/2016 / /	Dewberry, 324 Marina Drive Port St. Joe, FL 32456		al services				
6							
1 1	_						
1 1							

(5) Cover Period/ through/ (4) Page1 of	)		2) I.D. Number	(2	Thomas	1) Name Ralph
Date  Full Name  (Last, Suffix, First, Middle)  Sequence  Sequence  City State 7 in Code  Purpose (add office sought if contribution to a	0	of	I) Page <u>1</u>			3) Cover Period _
	(11)	2 2	Expenditure	Purpose (add office sought if contribution to a	Full Name (Last, Suffix, First, Middle) Street Address &	(6) Sequence
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