

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tom Stauffenberg
 Name
2957 Higate Drive
 Address (number and street)
Deltona, FL 32738
 City, State, Zip Code

OFFICE USE ONLY

10-10-05 14:03 RCVD
 16-10-05 14:03 RCVD

[Signature]

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Deltona City Commission District 2
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 09 / 17 / 16 To 09 / 30 / 16 Report Type: G3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 57 . 32

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions
 \$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 4043 . 99

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 2563 . 47

(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) Tom Stauffenberg

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *[Signature]*
 Signature

(Type name) Tom Stauffenberg

Candidate Chairperson (only for PC and PTY)

X *[Signature]*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tom Stauffenberg (2) I.D. Number _____

(3) Cover Period 09 / 17 / 16 through 09 / 30 / 16 (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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
09 / 24 / 16 1	Tom Stauffenberg 2957 Higate Dr Deltona, FL 32738	I	Exec. Mgmt	INK	paypal fee		25.23
09 / 26 / 16 2	Clint Demarsh P.O. Box 2076 Deland, FL 32721	I	Theatre Owne	CHE			250.00
09 / 30 / 16 3	Frank Demarsh 2209 Oak Hill Dr Deland, FL 32720	I	Theatre owne	CHE			250.00
09 / 30 / 16 4	Tom Stauffenberg 2957 Higate Dr Deltona, FL 32738	I	Exec. Mgmt	INK	paypal fee		32.09
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tom Stauffenberg

(2) I.D. Number _____

(3) Cover Period 09 / 17 / 16 through 09 / 30 / 16

(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					
09 / 24 / 16	Paypal 2211 North 1st Street San Jose, CA 95131	ad publication	MON		25.23
1					
09 / 30 / 16	Paypal 2211 North 1st Street San Jose, CA 95131	ad publication	MON		32.09
/ /					
/ /					
4					
/ /					
/ /					
/ /					