

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tom Stauffenberg
 Name
 (2) 2957 Higate Drive
 Address (number and street)
Deltona, FL 32738
 City, State, Zip Code

OFFICE USE ONLY

16-03-16 16:33 RCVD

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 07 / 30 / 16 To 08 / 12 / 16 Report Type: P5

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 500 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 17 . 00

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

Total Monetary \$ _____ , _____ , 17 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 3481 . 82

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 2374 . 55

(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 Tom Stauffenberg
 Signature

(Type name) Tom Stauffenberg

Candidate Chairperson (only for PC and PTY)

X Tom Stauffenberg
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 07 / 30 / 16 through 08 / 12 / 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
07 / 31 / 16 1	John M. Hill M.D.LLC 1590 S State Road 15a #100 Deland, FL 32720	B	Doctor	CHE			500.00
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