

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

16-05-30 09:44 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)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 04 / 01 / 16 To 04 / 30 / 16 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 500 . 00

Total Monetary \$ _____ , _____ , 500 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ . _____

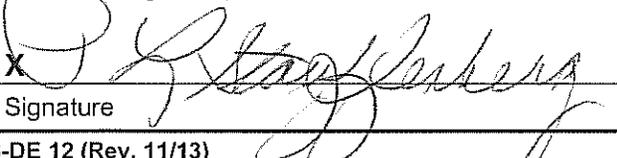
(11) Certification

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) Phyllis Stauffenberg

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


Signature

(Type name) Tom Stauffenberg

Candidate Chairperson (only for PC and PTY)


Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 04 / 01 / 16 through 04 / 30 / 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	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
04 / 25 / 16 1	Stauffenberg, Tom 2957 Higate Drive, Deltona, FL 32738	I	Exec. Mgmt	LOA			500.00
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CAMPAIGN LOANS REPORT ITEMIZED

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(PLEASE TYPE)

<p>FULL NAME AND ADDRESS OF LENDER: <u>Tom Stauffenberg</u> <u>2957 Higate Drive</u> <u>Deltona, FL 32738</u></p> <p>OCCUPATION: <u>Executive Management</u></p> <p>AMOUNT OF LOAN: <u>\$500.00</u></p> <p>DATE RECEIVED: <u>4/25/2016</u></p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>
<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>
<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>