

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tom Stauffenberg

Name

(2) 2957 Higate Drive

Address (number and street)

Deltona, FL 32738

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY
16-03-03 11:10 RCVD

(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 07 / 09 / 16 To 07 / 22 / 16 Report Type: P3

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 14 . 96

Total Monetary \$ _____ , _____ , 14 . 96

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 204 . 62

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

Total Monetary \$ _____ , _____ , 204 . 62

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 2864 . 82

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 2317 . 65

(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

(Type name) Tom Stauffenberg

Candidate Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 07 / 09 / 16 through 07 / 22 / 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 / 21 / 16 / /	Tom Stauffenberg, 2957 Higate Drive, Deltona, FL 32738	I	Exec. Mgmt	LOA			14.96
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tom Stauffenberg

(2) I.D. Number _____

(3) Cover Period 07 / 09 / 16 through 07 / 22 / 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					
07 / 21 / 16	Lowe's Home Improvement, 2170 Howland Blvd., Deltona, FL 32738	five 2x4's for political sign			
1			MON		14.96
07 / 22 / 16	Graphic Source 637 S. US Hwy 17/92, Suite 3 Debary, FL 32713	6 signs			
2			MON		189.66
/ /					
/ /					
4					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN LOANS REPORT ITEMIZED

Page 1 of 1

(PLEASE TYPE)

FULL NAME AND ADDRESS OF LENDER: Tom Stauffenberg 2957 Higate Drive Deltona, FL 32738 OCCUPATION: <u>Executive Management</u> AMOUNT OF LOAN: <u>\$500.00</u> DATE RECEIVED: <u>4/25/2016</u>	FULL NAME AND ADDRESS OF LENDER: Tom Stauffenberg 2957 Higate Drive Deltona, FL 32738 OCCUPATION: <u>Executive Management</u> AMOUNT OF LOAN: <u>\$631.92</u> DATE RECEIVED: <u>5/20/2016</u>
FULL NAME AND ADDRESS OF LENDER: Tom Stauffenberg 2957 Higate Drive Deltona, FL 32738 OCCUPATION: <u>Exec. Management</u> AMOUNT OF LOAN: <u>\$696.71</u> DATE RECEIVED: <u>6/10/2016</u>	FULL NAME AND ADDRESS OF LENDER: Tom Stauffenberg 2957 Higate Drive Deltona, FL 32738 OCCUPATION: <u>Executive Management</u> AMOUNT OF LOAN: <u>\$321.20</u> DATE RECEIVED: <u>7/8/2016</u>
FULL NAME AND ADDRESS OF LENDER: Tom Stauffenberg 2957 Higate Drive Deltona, FL 32738 OCCUPATION: <u>Executive Management</u> AMOUNT OF LOAN: <u>\$14.96</u> DATE RECEIVED: <u>7/21/2016</u>	FULL NAME AND ADDRESS OF LENDER: OCCUPATION: _____ AMOUNT OF LOAN: _____ DATE RECEIVED: _____