## FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) Harris, Tedd Candidate, Committee or Party Name Panama City 32405 **(3)** 2131 Briawood Cir. Address (number and street) City State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): \_\_\_\_\_SCHOOL BOARD, DISTRICT 1 Political Committee Check if PC has DISBANDED Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 7/1/2006 To 7/28/2006 Report Type: F1 Cover Period: 🗸 Original Special Election Report Amendment Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 1,207.76 Cash & Checks Expenditures Transfers to Office 0.00 1,500.00 Loans Account 1,500.00 1,207.76 Total Monetary Total Monetary 0.00 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 1,207.76 1,500.00 \$ (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 I certify that I have examined this report and it is true. correct and complete true, correct and complete Name of Treasurer Deputy Treasurer Name of Candidate Chairman (PC/PTY only) X Signature Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Harri	s, Tedd			(2)	I.D. Numb	erhar	ris
(3) Cover Peri	od7/1/2006	_through <sub>-</sub>	7/	28/2006			1 of	
(5) Date (6)	(7) Full Name (Last, Suffix, First,		Cor	(8) ntributor	(9)	(10)	(11)	(12)
Sequence Number	Street Address City, State, Zip (		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/20/2006	HARRIS JR TEDD 2131 BRIAWOOD CIR. PANAMA CITY, FL 324	05	I	GENERAL MANAGER	LOA			1,500.00
DS-DE 13 (7/98	SEE SEE	REVERSE F	OR IN	ISTRUCTIO	NS AND CO	DE VALUES		

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Harr	(2) I.D. Nu	harris					
(3) Cover Period	7/1/2006	through	7/28/2006	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/20/2006	ANDERSON MARK 205 MOSLEY DR LYNN HAVEN, FL 32444	QUALIFYING FEE	MON		1,207.76
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OS-DE 14 (7/98		R INSTRUCTIONS AND C			