

**FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

**(1)** Schad, Roger P **(2)** schad3  
Candidate, Committee or Party Name I.D. Number

**(3)** 1011 Alabama Avenue Lynn Haven FL 32444  
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): LYNN HAVEN COMMISSIONER SEAT 3

Political Committee

Check if PC has DISBANDED

Committee of Continuous Existence

Check if CCE has DISBANDED

Party Executive Committee

**(5) REPORT IDENTIFIERS**

Cover Period: From Open To 3/2/2007 Report Type: TM1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ 100.00

*Total Monetary* \$ 100.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 100.00

Transfers to Office Account \$ 0.00

*Total Monetary* \$ 100.00

**(8)** Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions to Date**

\$ 100.00

**(10) TOTAL Monetary Expenditures to Date**

\$ 100.00

**(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 true, correct and complete

Name of  Treasurer  Deputy Treasurer

**X**

Signature

I certify that I have examined this report and it is true, correct and complete

Name of  Candidate  Chairman (PC/PTY only)

**X**

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Schad, Roger P (2) I.D. Number schad3

(3) Cover Period Open through 3/2/2007 (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				
1/30/2007	Schad Mr. Roger P 1011 Alabama Ave. Lynn Haven, Fl 32444	I	Retired	LOA			100.00
1							

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Schad, Roger P

(2) I.D. Number schad3

(3) Cover Period Open through 3/2/2007

(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					
2/26/2007	City of Lynn Haven 825 Ohio Ave. Lynn Haven, Fl 32444	Qualitying Fee	MON		60.12
1					
3/8/2007	Schad Mr. Roger P 1011 Alabama Ave. Lynn Haven, Fl 32444	Refund Loan	MON		39.88
2					