

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

(1) Sheffield, Sharon J **(2)** sheffield
Candidate, Committee or Party Name I.D. Number

(3) 1508 Wisconsin Ave 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): COUNTY COMMISSION, DIST 1 (Primary/General)

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 10/1/2007 To 12/31/2007 Report Type: Q4

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 \$ 50.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 50.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions to Date

\$ 565.00

(10) TOTAL Monetary Expenditures to Date

\$ 226.06

(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 Sheffield, Sharon J (2) I.D. Number sheffield
(3) Cover Period 10/1/2007 through 12/31/2007 (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
		Type	Occupation				
10/4/2007	Sheffield Sharon J 1508 Wisconsin Ave Lynn Haven, FL 32444	I	Candidate	LOA			100.00
1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sheffield, Sharon J (2) I.D. Number sheffield
 (3) Cover Period 10/1/2007 through 12/31/2007 (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					
10/25/2007	St Andrew Bay Center PO Box 1320 Lynn Haven, FL 32444	Tickets for Gala	MON		50.00
1					