| FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | |
|---|---|--|--|--|--|--|--|
| (1) DeGeorge, Lauren | (2) degeorgel | | | | | | |
| Candidate, Committee or Party Name | I.D. Number | | | | | | |
| (3) <u>224 E 3rd Ct.</u> | Panama City FL 32401 | | | | | | |
| 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): | Candidate (office sought): PANAMA CITY MAYOR | | | | | | |
| Political Committee | Check if PC has DISBANDED | | | | | | |
| Committee of Continuous Existence | | | | | | | |
| Party Executive Committee | | | | | | | |
| (5) REPORT | IDENTIFIERS | | | | | | |
| Cover Period: From <u>4/13/2007</u> To <u>4</u> | Algorithm Report Type: M4 | | | | | | |
| Original Amendment Special Elect | tion Report Independent Expenditure Report | | | | | | |
| (6) CONTRIBUTIONS THIS REPORT | (7) EXPENDITURES THIS REPORT | | | | | | |
| Cash & Checks \$0.00 | Monetary Expenditures \$335.00 | | | | | | |
| Loans \$0.00 | Transfers to Office 0.00 Account \$0.00 | | | | | | |
| Total Monetary \$0.00 | Total Monetary \$335.00 | | | | | | |
| In-Kind \$0.00 | (8) Other Distributions \$0.00 | | | | | | |
| (9) TOTAL Monetary Contributions to Date | (10) TOTAL Monetary Expenditures to Date | | | | | | |
| \$6,070.00 | \$4,842.10 | | | | | | |
| (11) CERTIFICATION | | | | | | | |
| | on 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 | I certify that I have examined this report and it is true, correct and complete | | | | | | |
| Name of Treasurer Deputy Treasurer | Name of Candidate Chairman (PC/PTY only) | | | | | | |
| X | X | | | | | | |
| Signature | Signature | | | | | | |

| DS-DE | 12 | (7/98) |
|-------|----|--------|
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES | | | | | | | |
|---|--|--|----------------------------|-------------------|----------------|--|--|
| (1) Name | (2) I.D. Number | | | | | | |
| (3) Cover Peri | od4/13/2007 through | 4/20/2007 (4 | 4) Page | of | 1 | | |
| (5) Date (6) Sequence Number | (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 | | |
| 4/15/2007 | Bay Graphics PO Box 482 Fountain, FL 32438 | Printing | MON | | 150.00 | | |
| 4/16/2007 | Bay Graphics PO Box 482 Fountain, FL 32438 | Printing | MON | | 185.00 | | |
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES