FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) Wittkopf, Frances Candidate, Committee or Party Name 32444 (3) 1515 Missouri Avenue Lynn Haven Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): ______ LYNN HAVEN COMMISSIONER SEAT 1 Political Committee Check if PC has DISBANDED Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From Open To Close Report Type: TM1 Cover Period: 🗸 Original Special Election Report Independent Expenditure Report Amendment (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 100.00 Cash & Checks Expenditures Transfers to Office 0.00 100.00 Loans Account 100.00 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 100.00 100.00 \$ (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 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	Name Wittkopf, Frances				(2) I.D. Number <u>wittkopf08</u>					
(3) Cover Peri	(3) Cover Period <u>1/1/2008</u> through					1 of				
(5)	(7)		(8)	(9)	(10)	(11)	(12)			
Date	Full Name	Co	ntributor							
(6)	(Last, Suffix, First, Middle) Street Address &		iitiibutoi		.					
Sequence Number	City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount			
Trumber	Wittkopf Frances	I	Candid	LOA	Description		100.00			
	1515 Missouri Avenue		te							
1/14/2008	Lynn Haven, FL 32444									
1										
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Wittkor	(2) I.D. Nu	(2) I.D. Number wittkopf08					
(3) Cover Period	1/1/2008	through	Close	_ (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
2/12/2008	City of Lynn Haven 825 Ohio Avenue Lynn Haven, FL 32444	Qualifying Fee	MON		60.12
1					
3/4/2008	Wittkopf Frances 1515 Missouri Avenue Lynn Haven, FL 32444	Repay Loan	DIS		39.88
2					
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OS-DE 14 (7/9	SEE REVERSE FOR	INSTRUCTIONS AND C	ODE VALUES		