

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

OFFICE USE ONLY

(1) Donald John
Candidate, Committee or Party Name

(2) 303 Barrello Ln
Address (number and street)

Cocoa beach, FL. 32931
City, State, Zip Code

Check box if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Cocoa Beach commission seat # 5

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 9 / 25 / 07 To 10 / 08 / 07 Report Type _____

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ 0 _____

Loans \$ _____ _____

Total Monetary \$ _____ 0 _____

In-Kind \$ _____ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ 1270⁴⁰ _____

Transfers to Office Account \$ _____ _____

Total Monetary \$ _____ 1270⁴⁰ _____

(8) Other Distributions

\$ _____ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 4115⁰⁰ _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ 3544⁷⁶ _____

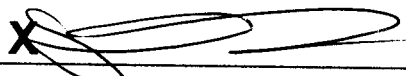
(11) CERTIFICATION

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.

Donald John

Name of Treasurer Deputy Treasurer


Signature

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

Donald John

Name of Candidate Chairman
(PC/PTY Only)


Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Donald John (2) I.D. Number _____

(3) Cover Period 9 / 25 / 04 through 10 / 8 / 04 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DONALD John

(2) I.D. Number _____

(3) Cover Period 9, 25, 04 through 10, 8, 04

(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
10/2/04	SPACE SHIRTS 6116 N COURTESY PKY MERRITT ISLAND FL	mag sign	DIS		257 ⁴⁰
10/4/04	FLORIDA TODAY P	AD in the current	DIS		316 ⁰⁰
10/4/04	Scott Printing 116 Forest Ave Cocoa FL 32922	Debit on mailer.	DIS		700 ⁻
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1/1					
1/1					
1/1					
1/1					