FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) SANDRA DOWNS (2) SANDRA DOWNS Candidate, Committee or Party Name 33042 (3) 22976 BLUEGILL LANE CUDJOE KEY Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): SHERIFF Check if PC has DISBANDED Political Committee Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS 7/19/2008 To 8/1/2008 Report Type: F2 Cover Period: From 🖊 Original Special Election Report Amendment Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 17.00 Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account 0.00 Total Monetary Total Monetary 189.25 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 1,366.06 1,600.00 \$ (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. true, correct and complete correct and complete Name of Candidate Chairman (PC/PTY only) Name of Treasurer Deputy Treasurer X Signature Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	SANDRA DOWNS	5		(2)	I.D. Numb	er SANDRA	DOWNS
	odthrough	8,	/1/2008			of	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		1				
(6)	(Last, Suffix, First, Middle)	Co	Contributor				
Sequence	Street Address &	_	. .	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	1 1		Amendment	
	STUMP ROSE 7251 SAWYER RD	I	RETIRED	INK	PLAYING CARDS		189.25
7/31/2008			TEACHER				
1							
DS-DE 13 (7/98	SEE REVERSE 1	FOR IN	NSTRUCTIO	NS AND CO	DE VALUES	<u> </u>	

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	SANDI	(2) I.D. Number SANDRA DOWNS						
(3) Cover Period _	7/19/2008	through	8/1/2008	(4) Page	1	of	1	

		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
7/30/2008	BANK OF AMERICA 510 SOUTHARD ST KEY WEST, FL 33040	BANK FEE	MON		17.00
1					
DS-DE 14 (7/98	SEE REVERSE FOR 1	 INSTRUCTIONS AND C	ODE VALUES		