FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) GINGER SNEAD)			(2) GING	ER SNEAD		
Candidate, Comm	ittee or Party	/ Name		I.D. Numbe	er		
(3) P.O. BOX 501105	5		MARATHON	FL	33050		
Address (number	and street)		City	State	Zip Code		
Check	box if address	s has changed since	last report				
(4) Check appropria	ite box(es):						
 Candidate (off 	ice sought):		MARATHON CITY COUN	NCIL			
Political Com	nittee		Check if PC ha	IS DISBANDED			
Committee of	Continuous E	Existence	Check if CCE h	nas DISBANDE[)		
Party Executiv	e Committee)					
		(5) REPORT	IDENTIFIERS				
Cover Period: Fror	n ^{4/1/2}			ort Type:	Lay		
(6) CONTRIBU	HONS THIS	REPORT	(/) EXPENDI Monetary	ITURES THIS	REPORI		
Cash & Checks	\$	450.00	Expenditures	\$	1,006.20		
	^	1,100.00	Transfers to Office		0.00		
Loans	\$	1,100.00	Account	\$	0.00		
Total Monetary	\$	1,550.00	Total Monetary	\$	1,006.20		
	^	0.00		^	0.00		
In-Kind	\$		(8) Other Distributions	s \$	0.00		
(9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date							
\$ <u>1,55</u>	0.00		\$	1,006.20			
(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		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)					
Χ			Х				
Signature			Signature				

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _____ GINGER SNEAD (2) I.D. Number GINGER SNEAD

(3) Cover Peri	od <u>4/1/2008</u> through	6/	30/2008	(4)	Page	1of	1
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)		ntributor				
Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	
5/7/2008	FREEDMAN FAITH 5409 O/S HWY SUITE 243 MARATHON, FL 33050	I	SELF	CHE			250.00
1							
5/22/2008	BURLEY JACK P.O. BOX 284 HARBOR SPRINGS, MI 49740	I	RETIRED	CHE			100.00
6/5/2008	STEINMETZ MARIA 116 GULFWIND LN MARATHON, FL 33050	I	RETIRED	CHE			100.00
3							
6/10/2008	SNEAD GINGER P.O. BOX 501105 MARATHON, FL 33050	I	CANDID TE	LOA			1,100.00

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

	CAMPAIGN	TREASURER'S	REPORT –	ITEMIZED	EXPENDITURES
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(1)	Name _
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GINGER SNEAD

_____ (2) I.D. Number _____ GINGER SNEAD

(3) Cover Period <u> $\frac{4}{1}/2008$ </u> through <u> $\frac{6}{30}/2008$ </u> (4) Page <u>1</u> of <u>1</u>

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought if contribution to a	Expenditure		
Number	City, State, Zip Code	candidate)		Amendment	Amount
5/28/2008	SUPERVISOR OF ELECTIONS 490 63RD ST OCEAN MARATHON, FL 33050	PETITION FEE	MON		6.20
1					
6/10/2008	COLLECTORS CORNER 11400 OVERSEAS HWY MARATHON, FL 33050	CAMPAIGN SUPPLIES	MON		1,000.00
2					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES