## FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) CLARK D SNOW Candidate, Committee or Party Name **(3)** P.O. BOX 493 33001 LONG 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): \_\_\_\_\_\_ Check if PC has DISBANDED Political Committee Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 7/1/2008 To 11/13/2008 Cover Period: Report Type: Lay 🖊 Original Special Election Report Independent Expenditure Report Amendment (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 100.00 100.00 Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account 100.00 100.00 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. 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	CLARK D SNOW			(2) I.D. Number CLARK SNOW					
(3) Cover Period 7/1/2008 through		11/13/2008		(4)	Page	of	1		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	Coi	(8)	(9)	(10)	(11)	(12)		
Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount		
8/5/2008	SNOW CLARK D P.O. BOX 493 LONG KEY, FL 33001	I		CHE	•		100.00		
1									
DS-DE 13 (7/98	SEE REVERSE F	OR IN	I ISTRUCTIO	NS AND CO	DE VALUES				

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	CLARI	(2) I.D. Number		CLARK SNOW				
(3) Cover Period	7/1/2008	through	11/13/2008	(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
8/13/2008	CITY OF LAYTON 68260 OVERSEAS HWY LONG KEY, FL 33001	QUALIFYING FEE	MON		50.00
1					
10/16/2008	SNOW CLARK D P.O. BOX 493 LONG KEY, FL 33001	REPAY LOAN TO SELF	MON		50.00
2					
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