

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

(1) CANNON ELEY
Name

(2) 8278 CR 721
Address (number and street)

MOOREHAVEN, FL, 33471
City, State, Zip Code

OFFICE USE ONLY

*Rec'd
Hw...
80E Glades Co.*

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): GLADES COUNTY COMMISSION DISTRICT 3
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 08 / 01 / 08 To 08 / 21 / 08 Report Type F3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 111.00

Transfers to Office Account \$ _____

Total Monetary \$ 111.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1,200.00

(10) TOTAL Monetary Expenditures To Date

\$ 530.11

(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.


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(Type name) Cannon Eley

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Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X 
Signature

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Cannon Eley

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 08 through 08 / 21 / 08

(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
(6) Sequence Number					
08 / 04 / 08	MICHALES SEABRING FL	RALLY SUPPLIES	POS		\$60.90
06					
08 / 05 / 08	WALMART OKEECHOBEE, FL	RALLY DRINKS	POS		\$18.64
07					
08 / 07 / 08	U SAVE 51 MOOREHAVEN, FL	RALLY REFRESHMENTS	POS		\$31.46
08					
/ /					
/ /					
/ /					
/ /					
/ /					

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Cannon Eley (2) I.D. Number _____

(3) Cover Period 08 / 01 / 08 through 08 / 21 / 08 (4) Page 1 of 1

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7) Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution or Transfer Type	(10) In-kind Descrip or Nature of Acct.	(11) Amended	(12) Amount
(6) Seq Num		Type	Occupation				
/ /	N/A						
/ /							
/ /							
/ /							
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