

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

(1) K.S. "Butch" Jones
Name

(2) P.O. Box 63
Address (number and street)

Moore Haven, FL 33471
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): County Commission, District 4
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication

- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 04/01/08 To 07/18/08 Report Type TR

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ -0-

Loans \$ -0-

Total Monetary \$ -0-

In-Kind \$ -0-

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 6.20

Transfers to Office Account \$ -0-

Total Monetary \$ 6.20

(8) Other Distributions
\$ -0-

(9) TOTAL Monetary Contributions To Date
\$ 100.00

(10) TOTAL Monetary Expenditures To Date
\$ 6.20

(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.

(Type name) Susan H. Jones

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Susan H. Jones
Signature

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

(Type name) K.S. "Butch" Jones

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

K.S. "Butch" Jones
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name K.S. "Butch" Jones

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 08 through 07 / 18 / 08

(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		
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name K.S. "Butch" Jones

(2) I.D. Number _____

(3) Cover Period 04/01/08 through 07/18/08

(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					
4/24/08	Supervisor of Elections Glades County	Verify Signatures			\$ 6.20
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