

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

(1) Phil Stump  
Name

(2) 13429 Bristlerone Cr  
Address (number and street)

Orlando FL 32828  
City, State, Zip Code

**OFFICE USE ONLY**

2011 FEB -5 P 12:19

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate (office sought): School Board District 2
- 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 1/21/14 To 1/31/14 Report Type \_\_\_\_\_

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 480<sup>00</sup>

Loans \$ 125<sup>00</sup>

Total Monetary \$ 605<sup>00</sup>

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 605<sup>00</sup>

**(10) TOTAL Monetary Expenditures To Date**

\$ 0

**(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) Jane Stump

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Jane Stump  
Signature

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

(Type name) PHIL STUMP

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

**X** Phil Stump  
Signature