FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) SALLY STRIBLING (2) ___SALLY STRIBLING Candidate, Committee or Party Name 33037 (3) 12 BASS AVE KEY LARGO Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): ______K.L. FIRE & EM. MED. DIST. 6 Seat 1 Political Committee Check if PC has DISBANDED Check if CCE has DISBANDED Committee of Continuous Existence Party Executive Committee (5) REPORT IDENTIFIERS From 7/1/2005To 8/26/2005 Report Type: G1 Cover Period: 🖊 Original Special Election Report Amendment Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 100.00 976.31 Cash & Checks Expenditures Transfers to Office 0.00 595.63 Loans Account 695.63 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 976.31 1,195.63 \$ (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 SALLY STRIBLING			IG	(2)	I.D. Numb	er SALLY	STRIBL	
(3) Cover Peri	od_	7/1/2005	through _	8/26/2005	(4)	Page	1 of _	1
(5)		(7)		(8)	(9)	(10)	(11)	(12)

(3) Cover Perio	odthrough _		26/2005	(4)	Page	of	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)	Coi	ntributor				
Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
8/17/2005	DELFANTE SUSAN 16 ISLAND DR KEY LARGO, FL 33037	I	RETIREE	CHE			100.00
1							
8/17/2005	STRIBLING SALLY 12 BASS AVE KEY LARGO, FL 33037	I	CANDID TE/BUS NESS OWNER	LOA			595.63
2							
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	SALLY	STRIBLING		(2) I.D. Number				STRIBLING	
(3) Cover Period	7/1/2005	through	8/26/2005	(A) 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
7/1/2005	SUPERVISOR OF ELECTIONS 88820 OVERSEAS HWY TAVERNIRE, FL 33070	LABELS	MON		67.52
1					
7/6/2005	SIGN CITY 27742 S.DIXIE HWY HOMESTEAD, FL 33030	SIGNAGE	МОИ		80.25
2					
7/12/2005	COMMUNITY BANK OF S. FL 28801 SW 157TH AVE HOMESTEAD, FL 33030	CHECKS&CHECKBOOK KIT	MON		199.94
3					
8/9/2005	SIGN CITY 27742 S. DIXIE HWY HOMESTEAD, FL 33032	SIGNAGE	MON		406.60
4					
8/25/2005	POST OFFICE FLORIDA CITY P.O. HOMESTEAD, FL 33030	STAMPS	MON		222.00
5					
	-				
	-				
DS-DE 14 (7/98	SEE REVERSE FOR	 INSTRUCTIONS AND C	ODE VALUES		

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) SALLY STRIBLING (2) ___SALLY STRIBLING Candidate, Committee or Party Name 33037 (3) 12 BASS AVE KEY LARGO Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): ______K.L. FIRE & EM. MED. DIST. 6 Seat 1 Political Committee Check if PC has DISBANDED Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 7/1/2005To 8/26/2005 Report Type: G1 Cover Period: Original Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 100.00 999.31 Cash & Checks Expenditures Transfers to Office 0.00 595.63 Loans Account 695.63 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 999.31 1,195.63 \$ (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 EXPENDITURES

(1) Name	SALLY	STRIBLING	(2) I.D. Number SALLY STRIBLING				
(3) Cover Period	7/1/2005	through	8/26/2005	(4) Page	1	of	1

		(0)	(0)	(10)	
(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
8/8/2005	SUPERVISOR OF ELECTIONS 88820 OVERSEAS HIGHWAY TAVERNIER, FL 33070	MAILING LABELS	MON	ADD	23.00
6					
DS-DE 14 (7/98	SEE REVERSE FOR 1	INSTRUCTIONS AND C	ODE VALUES	I .	