

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

**(1)** SALLY STRIBLING **(2)** SALLY STRIBLING  
Candidate, Committee or Party Name I.D. Number

**(3)** 12 BASS AVE KEY LARGO FL 33037  
Address (number and street) City 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**

Cover Period: From 8/27/2005 To 9/9/2005 Report Type: G2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ 0.00

*Total Monetary* \$ 0.00

In-Kind \$ 80.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 227.19

Transfers to Office Account \$ 0.00

*Total Monetary* \$ 227.19

**(8)** Other Distributions \$ 0.00

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

\$ 1,195.63

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

\$ 1,226.50

**(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

Name of  Treasurer  Deputy Treasurer

**X**

Signature

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

Name of  Candidate  Chairman (PC/PTY only)

**X**

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name SALLY STRIBLING (2) I.D. Number SALLY STRIBLING

(3) Cover Period 8/27/2005 through 9/9/2005 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
(6) Sequence Number		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
9/5/2005	MIAMI AGRA-STARTS 27805 SW 197AVE HOMESTEAD, FL 33037	B	PLANT NURSERY	INK	LABELS & EMVELOPES & REAM OF PAPER		80.00
1							

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SALLY STRIBLING

(2) I.D. Number SALLY STRIBLING

(3) Cover Period 8/27/2005 through 9/9/2005

(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
8/25/2005	POST OFFICE FLORIDA CITY P.O. FLORIDA CITY, FL	6 ROLLS OF STAMPS	MON		222.00
1					
9/2/2005	SUPERVISOR OF ELECTIONS 88820 OVERSEAS HWY TAVERNIER, FL 33037	LABELS	MON		5.19
2					

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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**

Cover Period: From 8/27/2005 To 9/9/2005 Report Type: G2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ 0.00

*Total Monetary* \$ 0.00

In-Kind \$ 80.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 5.19

Transfers to Office Account \$ 0.00

*Total Monetary* \$ 5.19

**(8)** Other Distributions \$ 0.00

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

\$ 1,195.63

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

\$ 1,004.50

**(11) CERTIFICATION**

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Name of  Treasurer  Deputy Treasurer

**X**

Signature

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

Name of  Candidate  Chairman (PC/PTY only)

**X**

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name \_\_\_\_\_ SALLY STRIBLING \_\_\_\_\_

(2) I.D. Number <sup>SALLY STRIBLING</sup> \_\_\_\_\_

(3) Cover Period 8/27/2005 through 9/9/2005

(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
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1					