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

(1) TOM THARP	(2) TOM THARP				
Candidate, Committee or Party Name	I.D. Number				
(3) 1608 MONMOUTH LN	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):	FIRE & EM MED. DIST 6 Seat 4				
Political Committee	Check if PC has DISBANDED				
Committee of Continuous Existence	Check if CCE has DISBANDED				
Party Executive Committee					
	IDENTIFIERS				
Cover Period: From To	0/19/2006 Report Type:TR				
Original Amendment Special Elect	tion Report Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$0.00	Monetary Expenditures \$50.00				
Loans \$50.00	Transfers to Office Account \$0.00				
Total Monetary \$50.00	Total Monetary \$50.00				
In-Kind \$0.00	(8) Other Distributions \$0.00				
(9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date					
\$50.00	\$ 50.00				
(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	I certify that I have examined this report and it is true, correct and complete				
Name of Treasurer Deputy Treasurer	Name of Candidate Chairman (PC/PTY only)				
Χ	X				
Signature	Signature				

	CAMPAIGN TREASURER'S	REPORT –	ITEMIZED	CONTRIBUTIONS
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(1) Name TOM THARP

(2) I.D. Number TOM THARP

) Cover Peri	od <u>7/1/2006</u> through	±07				of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code		ntributor Occupation	Contribution Type	In-kind Description	Amendment	Amou
	THARP TOM	I	CANDID	LOA	2000000		50.0
7/21/2006	1608 MONMOUTH LN KEY LARGO, FL 33037		TE				
1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(CAMPAIGN TRE	EASURER'S	S REPORT – ITE	MIZED EXPEN	IDITU	RES		
(1) Name	ТОМ	THARP		(2) I.D. Nur	nber _	TOM	THARP	
(3) Cover Period	7/1/2006	through	10/19/2006	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought if contribution to a	Expenditure		
Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
7/21/2006	SUPERVISOR OF ELECTIONS 88820 OVERSEAS HWY TAVERNIER, FL 33070	QUALIFYING FEE	MON		25.00
1					
8/2/2006	THARP TOM 1608 MONMOUTH LN KEY LARGO, FL 33037	REPAYMENT OF LAON	DIS		25.00
2					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES