

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

OFFICE USE ONLY

(1) PATTY SHEEHAN  
Name

(2) 639 RAMONA LANE #1  
Address (number and street)

ORLANDO FL 32805  
City, State, Zip Code

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

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):  
 Candidate (office sought): ORLANDO CITY COUNCIL 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 7 / 1 / 2007 To 9 / 30 / 2007 Report Type Q3  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 22,290.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 22,290.00

In-Kind \$ 1,809.46

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 16,230.08

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

Total Monetary \$ 16,230.08

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ 60,700.00

(10) TOTAL Monetary Expenditures To Date  
\$ 16,994.12

**(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) ELLIOTT BARBER

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Elliott Barber  
Signature

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

(Type name)

PATTY SHEEHAN

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

X Patty Sheehan  
Signature

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

(1) Name PATTY SHEEHAN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 / 1 / 2007 through 9 / 30 / 2007 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount	
(6) Sequence Number	Street Address & City, State, Zip Code							
7, 17, 07	Universal Studio Vacations *	B	* SALES	CHE		* Correct name + address occupation	500 <sup>00</sup>	
# 4	1000 Universal Studios Plaza							
/ /	Orlando, FL 32819							
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