

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

(1) John C. Maslarczyk, Sr.  
Name

(2) 2025 Adelia Blvd  
Address (number and street)

Deltona, FL 32725  
City, State, Zip Code

OFFICE USE ONLY

10-06-09A09:49 *[Signature]*

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): Mayor, City of Deltona

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 10 / 1 / 08 To 9 / 30 / 09 Report Type Q3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0

Loans \$ 300.00

Total Monetary \$ 0

In-Kind \$ 0

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0

Transfers to Office Account \$ 0

Total Monetary \$ 0

**(8) Other Distributions**

\$ 0

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

\$ 550.00

**(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) Jennifer L. Taylor

Individual (only for electioneering comm.)  Treasurer  Deputy Treasurer

*Jennifer Taylor*  
Signature

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

(Type name) John C. Maslarczyk, Sr.

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

*John C. Maslarczyk, Sr.*  
Signature

**CAMPAIGN TREASURER'S REPORT ITEMIZED  
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name John C. Masiarczyk, Sr. (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/1/08 through 9/30/09 (4) Page 1 of 1

**Contributions** (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

**Fund Transfers** (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7) Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution or Transfer Type	(10) In-kind Descrip or Nature of Acct.	(11) Amended	(12) Amount
(6) Seq Num		Type	Occupation				
01011	Masiarczyk, Sr, John Carlin 2025 Adelia Blvd Deltona, FL 32725	I	Retired	LOA	—	—	\$300.00
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

**CAMPAIGN TREASURER'S REPORT ITEMIZED  
EXPENDITURES AND DISTRIBUTION**

(1) Name John C. Masiarczyk, Sr (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/1/08 through 9/30/09 (4) Page 1 of 1

**Expenditures** (Use separate sheets for Expenditures and Distributions. Do not combine sequence numbers with Distributions.)

**Distributions** (Use separate sheets for Expenditures and Distributions. Do not combine sequence numbers with Expenditures.)

(5) Date	(7) Full Name (L, Suffix, F, M) Full Street Address City, State, Zip Code	(8) Purpose (add office sought for candidate contributions)	(9) Expenditure Type	(10) Related Expenditures	(11) Amended	(12) Amount
1 / 1						
1 / 1						
1 / 1		N/A				
1 / 1						
1 / 1						
1 / 1						
1 / 1						