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FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) <u>CAROLYN WELLS MELAUGHLION</u>					
$(Z) < X/2 (T_1) (A + B) (A + B)$	SEP 11 PM 12 06				
NAVARRE, FL 32566 City, State, Zip Code					
	(3) ID Number:				
<ul> <li>(4) Check appropriate box(es):</li> <li>[♪] Candidate (office sought): <u>Santa Rosa</u></li> <li>□ Political Committee</li> </ul>					
Political Committee     Committee of Continuous Existence     Party Executive Committee	CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED				
Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED				
(5) REPORT	IDENTIFIERS				
Cover Period: From $\underline{q} / \underline{l} / \underline{bb}$ To	<u><u><u> </u></u></u>				
I Original Amendment Special Election	n Report independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$	Monetary Expenditures \$ <u>764</u> 95				
Loans \$	Transfers to Office Account \$ ~				
Total Monetary \$~	Total $764^{95}$				
In-Kind \$					
	(8) Other Distributions \$				
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$				
(11) CERTIFICATION (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.				
(Type name) Richard A. M <sup>c</sup> LAUGHUN Individual (only for Treasurer Deputy Treasurer electioneering commun.)	(Type name) CAROLYN WELLS MELAUGHLIN Candidate Chairperson (only for PC, PTY & electioneering commun. organization)				
X Richard Q. M. Laugher Signature	X Carely Wills on Fally la				
OlAnarana					

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(1) Name <u>CAROLYN</u> Wells <u>M</u><sup>c</sup> LAUGHLIN (2) I.D. Number (2) I.D. Number

(4) Page \_\_\_\_\_ of \_\_\_\_\_

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3) Cover Period	9_/_/_	106	through	911106
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(5)	(7)	(8)	(9)	(10)	(11)
(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
1	Postmasten Milton Post OFFICE Milton, FL 32570	PostaGe	MON	-	39.00
9/11/06 2	CAROLYN W. MCLAUGHLIN 3586 GINGER LN NAVARPE, FL 32566	FINAL DISPORITION OF FUNDOS	Dis		725 <sup>95</sup>
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_/_/					
_/_/					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES