

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

(1) RONALD SCOTT

Name

(2) P.O. BOX 137

Address (number and street)

BAGDAD, FL. 32530

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): SANTA ROSA COUNTY COMMISSION DISTRICT 2

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From ___ / ___ / ___ To ___ / ___ / ___ Report Type _____ TR

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 \$ _____ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ 250.23

Transfers to Office Account \$ _____ 0.00

Total Monetary \$ _____ 250.23

(8) Other Distributions \$ _____ 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ 10,560.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 10,560.00

(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.

(Type name) RONALD SCOTT
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Ronald Scott
Signature

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

(Type name) RONALD SCOTT
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Ronald Scott
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name RONALD SCOTT (2) I.D. Number _____

(3) Cover Period TR through _____ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							NONE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name RONALD SCOTT

(2) I.D. Number _____

(3) Cover Period TR / ____ / ____ through ____ / ____ / ____

(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
09 / 29 / 06	SCOTT, RONALD P.O. BOX 137 BAGDAD, FL 32530	CANDIDATE	DIS		\$250.23
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