

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

6495 CAROLINE ST., STE. F
MILTON, FL 32570-4592
OFFICE USE ONLY

2008 SEP 23 PM 12 13

(1) Lauretta Aiken
Name

(2) PO Box 5670
Address (number and street)

Navarre, FL 32566
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): County Commission District Five

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 08 / 22 / 08 To 09 / 21 / 08 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 \$ 1,872.49

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,872.49

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 7,385.00

(10) TOTAL Monetary Expenditures To Date

\$ 7,385.00

(11) CERTIFICATION


It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

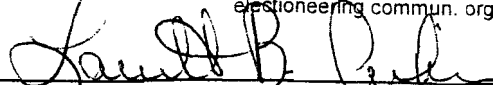
I certify that I have examined this report and it is true, correct, and complete.

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

(Type name) James Gschwind
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X 
Signature

X 
Signature

CANDIDATE CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

Lauretta Aiken

(2) I.D. Number _____

(3) Cover Period 08 / 22 / 08 through 09 / 21 / 08 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /	No further entries Negative report						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lauretta Aiken

(2) I.D. Number _____

(3) Cover Period 08 / 22 / 08 through 09 / 21 / 09

(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
(6) Sequence Number					
09 / 18 / 08	Lauretta Aiken PO Box 5670 Navarre Fl 32566	Repayment of Candidate Loans to Campaign Acct Closed	REF		\$1,872.49
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