

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

OFFICE USE ONLY
2008 AUG 19 PM 3 01
TALLAHASSEE, FL 32374

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

(5) REPORT IDENTIFIERS

Cover Period: From 08 / 02 / 08 To 08 / 21 / 08 Report Type F3

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 \$ 556.89

Transfers to Office Account \$ 0.00

Total Monetary \$ 556.89

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 8,407.00

(10) TOTAL Monetary Expenditures To Date

\$ 5,484.65

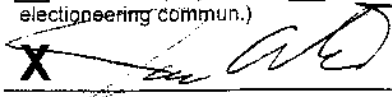
(11) CERTIFICATION

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) James Gschwind

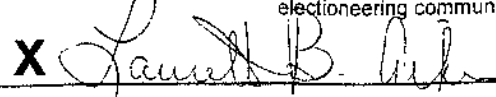
Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X 
Signature

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

(Type name) Lauretta Aiken

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

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lauretta Aiken (2) I.D. Number _____

(3) Cover Period 08 / 02 / 08 through 08 / 21 / 08 (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
/ /	NO REPORT THIS REPORT PERIOD.						
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lauretta Aiken

(2) I.D. Number _____

(3) Cover Period 08 / 02 / 08 through 08 / 21 / 08

(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					
08 / 02 /	Carroll S. Levison 5474 Camilia Court Warrington Va 20187	Web Design update Check 131	PCS		\$100.00
0001					
08 / 11 / 08	Office Depot 1155 Gulf Breeze Pkwy Gulf Breeze Fl 32563 850-916-4248	Mailout Printing Check 132	PCS		\$78.89
0002					
08 / 12 / 08	Postmaster Navarre Florida 32566 850-939-0381	Stamps for Mailout Check 133	PCS		\$294.00
0003					
08 / 14 / 08	Postmaster Navarre Florida 32566 850-939-0381	Stamps for Mailout Check 134	PCS		\$84.00
0004					
/ /					
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