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 08 / 20 / 10   To 09 / 13 / 10   Report Type TR

☒ Original   ☐ Amendment   ☐ Special Election Report   ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT		(7) EXPENDITURES THIS REPORT	
Cash & Checks	$ 0.00	Monetary Expenditures	$ 28.29
Loans	$ 0.00	Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00	Total Monetary	$ 28.29
In-Kind	$ 0.00		

(8) Other Distributions $ 0.00

(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
$ 13,129.00	$ 13,129.00

(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
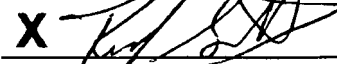
X _____

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 _____

Signature

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____RONALD SCOTT_____ **(2) I.D. Number** _____

(3) Cover Period _08/20/10_ **through** _09/13/10_ **(4) Page** ____1____ **of** ____1____

(5) Date / (6) Sequence Number	(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
09/13/10 001	RONALD SCOTT P.O. BOX 137 BAGDAD, FL 32530	LOAN REPAY	DIS		$28.29
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DS-DE 14 (Rev. 08/03)   **SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**