

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

(1) Charles Elliott

(2) 5426 Hollow Oak Ln

Pace Fl 32570

City, State, Zip Code

SUPERVISOR OF ELECTIONS OFFICE USE ONLY
 495 CAROLINE ST., STE. 1
 MILTON, FL 32570-4592

012 NOV 9 PM 12 21

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Santa Rosa County School Board Dist H

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 11 / 2 / 12 To 11 / 7 / 12 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 135.74

Transfers to Office Account \$ _____

Total Monetary \$ 135.74

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 0

(10) TOTAL Monetary Expenditures To Date
 \$ 0

(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)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Darlene Sanders
 Signature

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

(Type name)

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

X Charles Elliott
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles Elliott (2) I.D. Number _____
 (3) Cover Period 11, 2, 12 through 11, 7, 12 (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
11/6/12	Walmart Hwy 90 Paw 71 32571	Campaign Event			135.74
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Charles Elliott (2) I.D. Number _____

(3) Cover Period 11 / 2 / 12 through 11 / 7 / 12 (4) Page 0 of 0

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
1 / 1								
1 / 1								
1 / 1								
1 / 1								
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