

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CAROL BOSTON  
 Name  
 (2) 7136 EAST BAY BLVD.  
 Address (number and street)  
NAVARRE FL 32566  
 City, State, Zip Code

SUPERVISOR OF ELECTIONS  
 OFFICE USE ONLY

6495 CAROLINE ST., STE. 1  
 MILTON, FL 32570-4592

2014 NOV 21 PM 1 47

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: SCHOOL BOARD DISTRICT 3
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 10 / 11 / 14 To 10 / 17 / 14 Report Type: G 6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 100.-

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 46,524.48

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (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) DEBORAH ROJECKI

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) CAROL BOSTON

Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name CAROL BOSTON (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 11 / 14 through 10 / 17 / 14 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/14/14	Joe Pool  Milton FL		Sales				100.00
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

100.00