

# CAMPAIGN TREASURER'S REPORT SUMMARY

SUPERVISOR OF ELECTIONS

6495 CAROL **OFFICE USE ONLY**

MILTON, FL 32570-4592

2014 NOV 21 PM 1 47

(1) CAROL BOSTON  
Name

(2) 7136 EAST BAY BLVD.  
Address (number and street)

NAVARO FL 32566  
City, State, Zip Code

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 7 / 5 / 14 To 7 / 18 / 14 Report Type: P 3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 16.92

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, <45.02>

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 27,326.47

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 16,661.18

### (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 REJEKI

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

**CASH AND TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

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

(3) Cover Period 7/5/14 through 7/18/14 (4) Page 1 of 1

(5) Date	(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				
7.11.14	Glen Hamamura			pay pal	over Reported Income		<1.75>
7.15.14	Robert Boston			pay pal	over Reported Income		<.45>
7.17.14	Philip Latoro Navarre, FL	I	manag	check pay pal			19.12

16.92

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

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

(3) Cover Period 7, 5, 14 through 7, 18, 14 (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					
71714	Reported a charge that did not occur		pay pay		(45.02)
11					
11					
11					
11					
11					
11					
11					
11					