

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.
 MILTON, FL 32570-4592

2014 JUL 29 PM 2 56

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 / 19 / 14 To 7 / 25 / 14 Report Type: PT

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 20. _____

Loans \$ _____, _____, _____.

Total Monetary \$ _____, _____, 20. _____

In-Kind \$ _____, _____, _____.

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 691. _____

Transfers to Office Account \$ _____, _____, _____.

Total Monetary \$ _____, _____, 691. _____

(8) Other Distributions

\$ _____, _____, _____.

(9) TOTAL Monetary Contributions To Date

\$ _____, 27,329. 55

(10) TOTAL Monetary Expenditures To Date

\$ _____, 17,397. 20


(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) CAROL BOSTON

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 7 / 19 / 14 through 7 / 25 / 14 (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
(6) Sequence Number		Type	Occupation	Type	Description		
7 / 19 / 14	GEOFFREY HINDMARSH 2085 BAHAMA DR NAVARO FL 32566	I	MILITARY	CASH			20.-
1							
/ /							
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/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name CAROL BOSTON

(2) I.D. Number _____

(3) Cover Period 7/19/14 through 7/25/14

(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
7/22/14	RON THE SIGN MAN 10016 NAVARRE DRWY NAVARRE, FL 32566	SIGNS	M		642.-
1					
7/23/14	NAVARRE POST OFFICE NAVARRE, FL 32566 5517	STAMPS	M		49.-
2					
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