

CAMPAIGN TREASURER'S REPORT SUMMARY

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

OFFICE USE ONLY
 SUPERVISOR OF ELECTIONS
 6495 CAROLINE ST., STE. F
 MILTON, FL 32570-4592

2014 AUG 13 PM 1 43

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 8 / 2 / 14 To 8 / 8 / 14 Report Type: P-6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 250. -

Loans \$ _____, _____, _____ . -

Total Monetary \$ _____, _____, 250. -

In-Kind \$ _____, _____, _____ . -

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 124. 55

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

Total Monetary \$ _____, _____, 124. 55

(8) Other Distributions
 \$ _____, _____, _____ . -

(9) TOTAL Monetary Contributions To Date
 \$ _____, 28, 024. 55

(10) TOTAL Monetary Expenditures To Date
 \$ _____, 25, 199. 44

(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 Carol Boston
 Signature

(Type name) CAROL BOSTON
 Candidate Chairperson (only for PC and PTY)

X Carol Boston
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name CAROL BOSTON (2) I.D. Number _____

(3) Cover Period 08 / 02 / 2014 through 08 / 08 / 2014 (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				
8 / 2 / 14 1	Laurie Gallup 1869 FLAMINGO LANE NANAS, FL 32566	I	BUSINESS OWNER	CHECK			100.-
8 / 4 / 14 2	MARY KURTZ ORE 3451 TALMADGE RD KENT, OH 44240	I	BUSINESS OWNER	CHECK			50.-
8 / 5 / 14 3	LINDA HAYDEN 5867 HOGANS AVE MILTON, FL 32570	I	RETIRED	CHECK			100.-
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name CAROL BOSTON

(2) I.D. Number _____

(3) Cover Period 8/02/14 through 8/08/14

(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					
8/7/14	APPAREL EXPRESSIONS 209 B LANG RD. FT. WALTON BEACH FL	SHIRTS	M		124.55
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