

# CAMPAIGN TREASURER'S REPORT SUMMARY

SUPERVISOR OF ELECTIONS

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

2014 SEP 30 AM 10 57

(1) Henrietta "Etta" Lawlor  
Name

(2) 2532 Cedarcrest Ln  
Address (number and street)

Navarre, FL 32566  
City, State, Zip Code

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: Santa Rosa County Commissioner District 4

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 9 / 13 / 2014 To 9 / 26 / 2014 Report Type: 2014 G3

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 600 00

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

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 600. 00

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 00

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

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 00

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 3, 010 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 1, 710 . 02

### (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) Henrietta Lawlor

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

X Henrietta Lawlor  
Signature

(Type name) Henrietta Lawlor

Candidate  Chairperson (only for PC and PTY)

X Henrietta Lawlor  
Signature



# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Henrietta "Etta" Lawlor

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 13 / 2014 through 9 / 26 / 2014

(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					
// /	--- NO EXPENDITURE ACTIVITY G3 --- COVER PERIOD 9/13/14-9/26/14				
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