

CAMPAIGN TREASURER'S REPORT SUMMARY

6495 CAROLINE ST., STE. F

MILTON, FL 32570 OFFICE USE ONLY

2014 JUL 28 AM 9 02

(1) Karen M Aloy

Name

(2) PO Box 6423

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 07 / 19 / 14 To 07 / 25 / 14 Report Type: P4

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , 5,000 . 00

Total Monetary \$ _____ , 5,000 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 206 . 00

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

Total Monetary \$ _____ , _____ , 206 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 16 , 345 . 02

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 9 , 625 . 88

(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) Karen M Aloy

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

X Karen M. Aloy
Signature

(Type name) Karen M Aloy

Candidate Chairperson (only for PC and PTY)

X Karen M. Aloy
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Karen M Aloy (2) I.D. Number _____

(3) Cover Period 07 / 19 / 14 through 07 / 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		
07 / 24 / 14 1	Aloy, Karen M PO Box 6423 Navarre, FL 32566	I	Consultant	LOA			\$ 5,000.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Karen M Aloy

(2) I.D. Number _____

(3) Cover Period 07 / 19 / 14 through 07 / 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
(6) Sequence Number					
07 / 22 / 14	Gulf Breeze News 913 Gulf Breeze Parkway Suite 35 Gulf Breeze, FL 32561	Newspaper advertising	MON		\$ 206.00
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