

CAMPAIGN TREASURER'S REPORT SUMMARY

PARTY AND ELECTIONS
6495 CAROLINE ST. STE. F

OFFICE USE ONLY

MILTON, FL 32570

2014 AUG 6 AM 10 47

(1) Karen M Aloy
Name

(2) PO Box 6423
Address (number and street)

Navarre, FL 32566
City, State, Zip Code

(3) ID Number: _____

Check here if address has changed

(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 / 26 / 14 To 08 / 01 / 14 Report Type: P5

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , 1 , 500 . 00

Total Monetary \$ _____ , 1 , 500 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 5 , 006 . 00

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

Total Monetary \$ _____ , 5 , 006 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 17 , 845 . 02

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 14 , 631 . 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 / 26 / 14 through 08 / 01 / 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	(10) In-kind	(11)	(12)
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
07 / 28 / 14 1	Aloy, Karen M PO Box 6423 Navarre, FL 32566	I	Consultant	LOA			\$ 1,500.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Karen M Aloy

(2) I.D. Number _____

(3) Cover Period 07 / 26 / 14 through 08 / 01 / 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 / 31 / 14	Emagination Unlimited 1225 West Gregory Street Pensacola, FL 325002	Billboard advertising	MON		\$ 4,706.00
1					
08 / 01 / 14	Santa Rosa Press Gazette 6629 Elva Street Milton, FL 32570	Newspaper advertising	MON		300.00
2					
/ /					
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