

CAMPAIGN TREASURER'S REPORT SUMMARY

STATE BOARD OF ELECTIONS
 6495 CAROLINE ST., STE. F
 MILTON, FL 32570-4592
OFFICE USE ONLY
 2014 AUG 13 AM 10 29

(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): Santa Rosa County Commissioner, District 4

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Candidate | Office Sought: <u>Santa Rosa County Commissioner, District 4</u> | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 08 / 02 / 14 To 08 / 08 / 14 Report Type: P6
 Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____ 0 00

In-Kind \$ _____

(7) **Expenditures This Report**

Monetary Expenditures \$ _____ 3 177 01

Transfers to Office Account \$ _____

Total Monetary \$ _____ 3 177 01

(8) **Other Distributions**
\$ _____

(9) **TOTAL Monetary Contributions To Date**
\$ _____ 17 845 02

(10) **TOTAL Monetary Expenditures To Date**
\$ _____ 17 808 89

(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 EXPENDITURES

(1) Name Karen M Aloy

(2) I.D. Number _____

(3) Cover Period 08 / 02 / 14 through 08 / 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					
08 / 07 / 14 1	Emagination Unlimited 1225 West Gregory Street Pensacola, FL 32502	Postcards and mailing	MON		\$3,177.01
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