

CAMPAIGN TREASURER'S REPORT SUMMARY

(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

SUPERVISOR OF ELECTIONS
6495 CAROLINE STREET
MILTON, FL 32570-4592
OFFICE USE ONLY

2014 AUG 22 PM 3 34

(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 08 / 09 / 14 To 08 / 21 / 14 Report Type: P7

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, _____

Loans \$ _____, 1,400 . 00

Total Monetary \$ _____, 1,400 . 00

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 225 . 00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 225 . 00

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 19,245 . 02

(10) TOTAL Monetary Expenditures To Date

\$ _____, 18,033 . 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 CONTRIBUTIONS

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

(3) Cover Period 08 / 09 / 14 through 08 / 21 / 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							
08 / 12 / 14 1	Karen M Aloy PO Box 6423 Navarre, FL 32566	I	Consultant	LOA			\$ 250.00
08 / 13 / 14 2	Karen M Aloy PO Box 6423 Navarre, FL 32566	I	Consultant	LOA			250.00
08 / 20 / 14 3	Karen M Aloy PO Box 6423 Navarre, FL 32566	I	Consultant	LOA			900.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Karen M Aloy

(2) I.D. Number _____

(3) Cover Period 08 / 09 / 14 through 08 / 21 / 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 / 13 / 14	Navarre Press 7502 Harvest Village Ct Navarre, FL 32566	Newspaper advertising	CAN		\$ 225.00
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