

# CAMPAIGN TREASURER'S REPORT SUMMARY

6405 CAROLINE ST., STE. F  
 MILTON, FL 32570-4592  
 OFFICE USE ONLY  
 2014 AUG 22 PM 3 56

(1) Sandra E. Nicely  
 Name  
6528 Hunter Street  
 Address (number and street)  
Milton, FL 32570  
 City, State, Zip Code

Check here if address has changed

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

(4) Check appropriate box(es):  
 Candidate Office Sought: Santa Rosa Co Dist. #1 School Board Member  
 Political Committee (PC)  
 Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded  
 Party Executive Committee (PTY)  Check here if PTY has disbanded  
 Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From Aug / 9 / 2014 To Aug / 21 / 2014 Report Type: P7

Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____	,	_____	,	<u>0</u>	.	<u>00</u>
Loans	\$	_____	,	_____	,	_____	.	_____
Total Monetary	\$	_____	,	_____	,	<u>0</u>	.	<u>00</u>
In-Kind	\$	_____	,	_____	,	_____	.	_____

(7) Expenditures This Report

Monetary Expenditures	\$	_____	,	_____	,	<u>6</u>	.	<u>18</u>
Transfers to Office Account	\$	_____	,	_____	,	_____	.	_____
Total Monetary	\$	_____	,	_____	,	<u>6</u>	.	<u>18</u>

(8) Other Distributions  
 \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ , 3 , 651 . 55

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_ , 3 , 526 . 16

### (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) Erica J Crandall  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X Erica J Crandall  
 Signature

(Type name) Sandra E. Nicely  
 Candidate  Chairperson (only for PC and PTY)

X Sandra E. Nicely  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sandra E. Nicely

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

(3) Cover Period Aug / 9 / 2014 through Aug / 21 / 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					
Aug / 13 / 2014	Bealls Milton, FL	Candidate Expense			
1			CAN		\$6.18
/ /					
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