

CAMPAIGN TREASURER'S REPORT SUMMARY

SUPERVISOR OF ELECTIONS
6495 CAROLINE ST., STE. F
MILTON, FL 32570-4592
OFFICE USE ONLY
2014 NOV 24 PM 4 37

(1) Sandra E Nicely
Name

(2) 6528 Hunter St.
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: _____
- 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

Cover Period: From Aug 22, 14 To Nov 24, 14 (5) Report Identifiers Report Type: TRP

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ 

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ .39

Transfers to Office Account \$ _____

Total Monetary \$ _____ .39

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 3,551.55

(10) TOTAL Monetary Expenditures To Date
\$ 3,551.55

(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:

<p>(Type name) <u>Sandra E Nicely</u></p> <p><input type="checkbox"/> Individual (only for IE or electioneering comm) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><input checked="" type="checkbox"/> _____ Signature</p>	<p>(Type name) <u>Sandra E Nicely</u></p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p><input checked="" type="checkbox"/> _____ Signature</p>
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Candice E. Neeley (2) I.D. Number _____

(3) Cover Period Aug 22, 14 through Nov 24, 14 (4) Page _____ of _____

(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					
10034	Candice Neeley		CLOSING ACCT. (LOAN)		39
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