

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Jenny Granse  
Name

(2) 3266 Abel Ave.  
Address (number and street)

Pace, FL 32571

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

**OFFICE USE ONLY**  
SUPERVISOR OF ELECTIONS  
6495 CAROLINE ST., STE. F  
MILTON, FL 32570-4592  
  
2012 NOV 1 AM 9 55

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

(4) Check appropriate box(es):

Candidate (office sought): School Board, District 4, Santa Rosa County

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 11 / 02 / 12 To 12 / 10 / 12 Report Type TR

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 300.00

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 300.00

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 11,175.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 11,175.00

**(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) Brooke Granse  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Brooke Granse  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Jenny Granse  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Jenny Granse  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Jenny Granse

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

(3) Cover Period 11 / 02 / 12 through 12 / 10 / 12

(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
12 / 10 / 12	Jenny Granse 3266 Abel Ave. Pace, FL 32571	Campaign Loan Refund	REF		\$300.00
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