

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

(1) TOM NAILE
Name
(2) 112 WINDSOR PLACE
Address (number and street)
GULF BREEZE, FL 32561
City, State, Zip Code

2010 SEP 17 PM 3 13
OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____
(4) Check appropriate box(es):
 Candidate (office sought): SANTA ROSA School Board, DISTRICT 5
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 08 / 20 / 10 To 09 / 14 / 10 Report Type TR
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT
Cash & Checks \$ _____
Loans \$ _____
Total Monetary \$ _____
In-Kind \$ _____

(7) EXPENDITURES THIS REPORT
Monetary Expenditures \$ 2,198.76
Transfers to Office Account \$ _____
Total Monetary \$ 2,198.76

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 15,675.00

(10) TOTAL Monetary Expenditures To Date
\$ 15,680.00
15,675.00

(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) MARGUERITE BURN
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
Marguerite Burn
Signature

I certify that I have examined this report and it is true, correct, and complete.
(Type name) TOM NAILE
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
Tom Naile
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name TOM NAILS (2) I.D. Number _____

(3) Cover Period 05 / 20 / 10 through 09 / 14 / 10 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
N/A							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name TOM NAILE

(2) I.D. Number _____

(3) Cover Period 08/20/10 through 09/14/10

(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
8/30/10	Gulf Breeze News PO Box 1414 Gulf Breeze, FL 32562	Thankyou AD	CK		120.00
1					
9/14/10	Tom NAILE 112 WINDSOR PL Gulf Breeze, FL 32561	LOAN Repayment	BANK TRANSFER (CK)		2078.76
2					
* 9/14/10	TOM NAILE CAMPAIGN 112 WINDSOR PL Gulf Breeze, FL 32561	VOIDED CHECK FOR PRECINCT LISTS	CK #1037 08/15/10		-5.00
3					
1/1					2,193.76
* On 8/5/10 I wrote a check for \$5.00 for a precinct list. To, at Election Office, later informed me that the check was not required. Check was later returned to me due to non-delivery. Check was voided.					
1/1					
1/1					
1/1					