

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

(1) William Donald Salter SUPERVISOR OF ELECTIONS  
 Name 6495 CAROLINE ST., STE. F OFFICE USE ONLY  
MILTON, FL 32570-4592

(2) 6000 Chumuckla Hwy.  
 Address (number and street) 2012 OCT 30 PM 3 51  
PACE, FL 32571  
 City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): SANTA ROSA County Commissioner, District 3  
 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 / 10 / 12 To 10 / 30 / 12 Report Type TR  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT		(7) EXPENDITURES THIS REPORT	
Cash & Checks	\$ <u>0</u>	Monetary Expenditures	\$ <u>539.52</u>
Loans	\$ <u>350.00</u>	Transfers to Office Account	\$ _____
Total Monetary	\$ <u>350.00</u>	Total Monetary	\$ <u>539.52</u>
In-Kind	\$ _____		

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

(9) TOTAL Monetary Contributions To Date  
 \$ 12,495.00

(10) TOTAL Monetary Expenditures To Date  
 \$ 12,495.00

**(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) <u>Carolyn B. Fenton</u> <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer <u>X Carolyn B. Fenton</u> Signature	I certify that I have examined this report and it is true, correct, and complete. (Type name) <u>William Donald Salter</u> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) <u>X William D. Salter</u> Signature
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name WILLIAM DONALD SALTER (2) I.D. Number \_\_\_\_\_

(3) Cover Period 08 110 112 through 10 130 112 (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
08/22/12 1	TRENDS PRINTS 4440 Woodbine Rd. PACE, FL 32571	CAMPAIGN MAILOUT EXPENSES	MON.		<del>527.16</del> 527.16
10/30/12 2	WILLIAM DONALD SALTER 6000 CHUMUCKLA HWY. PACE, FL 32571	REPAY LOAN SELF CLOSE OUT BANK ACCOUNT	MON.		12.36
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