

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

(1) Diane L. Scott  
Name

(2) 5710 Munson Highway  
Address (number and street)

Milton, FL 32570

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

2005 JUL 7 PM 3 05

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

(4) Check appropriate box(es):

Candidate (office sought): Santa Rosa School Board District 1

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 05 / 24 / 05 To 06 / 30 / 05 Report Type \_\_\_\_\_

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ 1,750.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 11.64

Transfers to Office Account \$ 0.00

Total Monetary \$ 11.64

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,750.00

(10) TOTAL Monetary Expenditures To Date

\$ 11.64

**(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) Douglas R. Scott

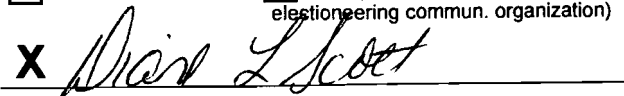
Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X**   
Signature

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

(Type name) Diane L. Scott

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X**   
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Diane L. Scott (2) I.D. Number \_\_\_\_\_

(3) Cover Period 05 / 24 / 05 through 06 2005 JUL / 05 PM 3 06 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
05 / 25 / 05	Scott, Diane 5710 Munson Hwy Milton, FL 32570	I	Pro- fessor	LOA			250.00
01							
06 / 03 / 05	Scott, Diane 5710 Munson Hwy Milton, FL 32570	I	Pro- fessor	LOA			1500.00
02							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Diane L. Scott (2) I.D. Number \_\_\_\_\_

(3) Cover Period 05 / 24 / 05 through 06 / 30 / 05 (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
06 //3 /05	Santa Rosa County Federal Credit Union P.O. Box 841 Milton, FL	Starter checks	MON		\$11.64
01					
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