

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

6495 CAROLINE ST., STE. F
MILTON, FL 32570-4592
OFFICE USE ONLY

(1) Diane Coleman
Name
(2) 9507 Acorn Lane
Address (number and street)
Navarre, FL 32566
City, State, Zip Code

2010 AUG 6 PM 2 55

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): School Board 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 7/17/10 To 7/30/10 Report Type F2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 700.00

Loans \$ _____

Total Monetary \$ 700.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 5.00

Transfers to Office Account \$ _____

Total Monetary \$ 5.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 4,355.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,198.63

(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) Janice Phillips
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Janice Phillips
Signature

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

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

Diane Coleman
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Diane Coleman (2) I.D. Number _____

(3) Cover Period 7, 17, 10 through 7, 30, 10 (4) Page 1 of 2

(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		
7, 29, 10	Winkles, Hugh 5684 Nicklaus Ln. Milton, FL 32570	I	Pharmacist	CHE			150.00
37							
7, 29, 10	McGrew, Josh 1507 Ocean Breeze Gulf Breeze, FL 32563	I	Administrator	CHE			15.00
38							
7, 29, 10	Ait, Dawn 3847 Saber Tooth Gulf Breeze, FL 32563	I	Administrator	CHE			10.00
39							
7, 29, 10	Price, B.J. III 8376 Verdura St Navarre, FL 32566	I	Administrator	CHE			25.00
40							
7, 29, 10	Underwood, Wesley 4215 Golden Dr. Milton, FL 32583	I	Administrator	CHE			25.00
41							
7, 29, 10	Short, Tim 4521 Watkins St Pace, FL 32571	I	Administrator	CHE			50.00
42							
7, 29, 10	Noack, Brian 1200 Greystone Ln Pensacola, FL 32514	I	Administrator	CHE			100.00
43							
7, 29, 10	Stevens, Warren 2155 Morningside Pensacola, FL 32503	I	Administrator	CHE			50.00
44							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Diane Coleman (2) I.D. Number _____

(3) Cover Period 7, 17, 10 through 7, 30, 10 (4) Page 2 of 2

(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							
7, 29, 10	Brandon, Michael 116 S. Sunset Blvd. Gulf Breeze, FL 32561	I	Administrator	CHE			25.00
45							
7, 29, 10	Destefano, Joie 3605 Tibet Dr. Gulf Breeze, FL 32563	I	Administrator	CHE			50.00
46							
7, 29, 10	Sigurnjak, David 4980 Mason Circle Gulf Breeze, FL 32563	I	Administrator	CHE			10.00
47							
7, 29, 10	Lawrimore, Victor 4524 Forsyth St Bagdad, FL 32530	I	Administrator	CHE			50.00
48							
7, 29, 10	Nowling, Will 1696 College Pkwy Gulf Breeze, FL 32563	I	Administrator	CHE			50.00
49							
7, 29, 10	Cooke, Jacquelyn 4680 Chumuckland Rd Pace, FL 32571	I	Administrator	CHE			40.00
50							
7, 29, 10	Price, William 5720 E Bay Blvd. Gulf Breeze, FL 32561	I	Asst. Superintendent	CHE			50.00
51							
1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Diane Coleman

(2) I.D. Number _____

(3) Cover Period 7, 17, 10 through 7, 30, 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
7/30/10	Supervisor of Elections 6495 Caroline St Suite F Milton, FL 32570	Voter CD	MAN		5.00
10					
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