

CAMPAIGN TREASURER'S REPORT SUMMARY

SUPERVISION OF ELECTIONS

6495 CAROLINE ST., STE. F
MILTON, FL 32570-4992

2014 FEB 3 AM 8 56

(1) Diane L. Scott

Name

(2) 5710 Munson Highway

Address (number and street)

Milton, FL 32570

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Santa Rosa County School Board District 1

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 01 / 13 To 12 / 31 / 13 Report Type: M12

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . 02

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, _____ . _____

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 1 , 450 . 05

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 239 . 63

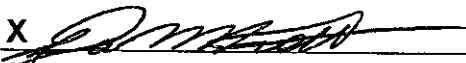
(11) Certification

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:

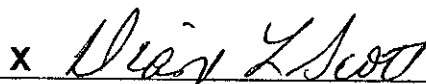
(Type name) Douglas R. Scott

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
Signature

(Type name) Diane L. Scott

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Diane L. Scott

SUPERVISOR OF ELECTIONS
 (2) I.D. Number
 6495 CAROLINE ST., STE. F
 MILTON, FL 32570-4592

(3) Cover Period 12 / 01 / 13 through 12 / 01 / 13 (4) Page 1 of 1

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(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
12 / 31 / 13	Santa Rosa County Federal Credit Union P.O. Box 841 Milton FL 32572			INT		.02	.02
01							
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