

CAMPAIGN TREASURER'S REPORT SUMMARY

SUPERVISOR OF ELECTIONS
 6495 CAROLINE ST., STE. F
 MILTON, FL 32570
OFFICE USE ONLY
 2013 DEC 9 AM 8 30

(1) Diane L. Scott
 Name
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 11 / 01 / 13 To 11 / 30 / 13 Report Type: M11

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 12 . 50

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 12 . 50

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1 , 450 . 03

(10) TOTAL Monetary Expenditures To Date

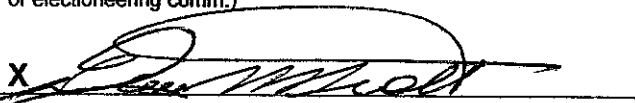
\$ _____, _____, 239 . 63

(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 (2) I.D. Number _____

(3) Cover Period 11 / 01 / 13 through 11 / 30 / 13 (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
/ /							
NONE							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Diane L. Scott

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 13 through 11 / 30 / 13

(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
(6) Sequence Number					
11 / 12 / 13	Supervisor of Elections Milton, Fl 32570	Petition cards			
1			MON		7.50
11 / 25 / 13	Supervisor of Elections Milton, Fl 32570	Petition cards			
2			MON		5.00