

CAMPAIGN TREASURER'S REPORT SUMMARY

6495 CAROLINE ST. STE. F
MILTON, FL 32570-4502

OFFICE USE ONLY
2014 MAR 6 AM 8 51

(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 02 / 01 / 14 To 02 / 28 / 14 Report Type: M2

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 \$ _____ , _____ , 18 . 90

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

Total Monetary \$ _____ , _____ , 18 . 90

(8) **Other Distributions**
\$ _____ , _____ , 0 . _____

(9) **TOTAL Monetary Contributions To Date**
\$ _____ , _____ , 1 , 450 . 05

(10) **TOTAL Monetary Expenditures To Date**
\$ _____ , _____ , 258 . 53

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

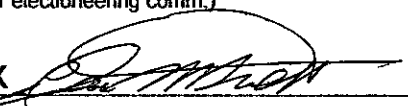
I certify that I have examined this report and it is true, correct, and complete:

(Type name) Douglas R. Scott

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

(Type name) Diane L. Scott

Candidate Chairperson (only for PC and PTY)

X 
Signature

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02 / 01 / 14 through 02 / 28 / 14 (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 01 / 01 / 14 through 02 / 28 / 14

(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					
02 / 03 / 14	Supervisor of Elections Milton, FL 32570	Petition cards	CHE		13.50
1					
02 / 26 / 14	Supervisor of Elections Milton, FL 32570	Petition cards	CHE		5.40
2					