

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

(1) Citizens to Incorporate Navarre

Name

(2) 8868 Navarre Parkway #200

Address (number and street)

Navarre FL 32566

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): _____

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

(3) ID Number: _____

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

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

2013 OCT 7 AM 11 59

(5) REPORT IDENTIFIERS

Cover Period: From 07 / 01 / 13 To 09 / 30 / 13 Report Type Q3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ 43.75

Transfers to Office Account \$ _____

Total Monetary \$ _____ 43.75

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 991.97

(10) TOTAL Monetary Expenditures To Date

\$ _____ 145.62

(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) Vicki Helton
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Vicki Helton
Signature

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

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

X Vicki Helton
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Citizens to Incorporate Navarre (2) I.D. Number _____

(3) Cover Period 07 / 01 / 13 through 09 / 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						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Citizens to Incorporate Navarre

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 13 through 09 / 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					
09 / 23 / 13	Laurie Gallup 1869 Flamingo Lane Navarre FL 32566	SR County Map of Proposed Incorporated Area	Mon		\$30.00
5					
09 / 23 / 13	Santa Rosa County Tax Collector 6495 Caroline St Ste E Milton FL 32570	Business License Renewal	Mon		\$13.75
6					
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