

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

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

2012 OCT 22 AM 11 02

(1) Citizens to Incorporate Navarre  
**Name**  
1913 Flamingo Lane  
**Address (number and street)**  
Navarre FL 32566  
**City, State, Zip Code**

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☐ Candidate (office sought): \_\_\_\_\_

☒ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 9 / 29 / 12 To 10 / 12 / 12 Report Type G3

☐ Original    ☐ Amendment    ☐ Special Election Report    ☐ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 6.24

Loans    \$ \_\_\_\_\_

Total Monetary    \$ 6.24

In-Kind    \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary  
Expenditures    \$ \_\_\_\_\_

Transfers to Office  
Account    \$ \_\_\_\_\_

Total  
Monetary    \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 991.97

**(10) TOTAL Monetary Expenditures To Date**

\$ 101.87

**(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 9 / 29 / 12 through 10 / 12 / 12

(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
10 / 9 / 12	Laurie Gallup 1869 Flamingo Lane Navarre FL 32566	I		CAS			6.24
19							
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