

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

(1) Lori Scott  
Name  
(2) 150 Naylor Street NE  
Address (number and street)  
Palm Bay, FL 32907  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1038815]  
Submitted on:  
7/13/2012 18:15:14 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 369

(4) Check appropriate box(es):  
 Candidate (office sought): Supervisor of Elections  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/2012 / 7 / 2012 To 9/6/2012 / 6 / 2012 Report Type TR4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 950.00  
 Loans \$ 0.00  
 Total Monetary \$ 950.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 7,288.60  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 7,288.60

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 7,920.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 7,920.00

**(11) CERTIFICATION**

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

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
--	--

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lori Scott (2) I.D. Number 369

(3) Cover Period 4/1/2012 through 9/6/2012 (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
(6) Sequence Number							
6/4/2012 / /	Ellis, William 1823 Crane Creek Blvd. Melbourne, FL 32940	I	health service	CH			\$500.00
1							
6/4/2012 / /	Scott, Lori 150 Naylor Street, NE Palm Bay, FL 32907	I	election supervisor	CH			\$450.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Lori Scott

(2) I.D. Number 369

(3) Cover Period 4/1/2012 through 9/6/2012

(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					
6/6/2012 / /	Supervisor of Elections, 400 South Street Titusville, FL 32780	qualifying fee	MO		\$7,231.38
1					
7/13/2012 / /	Scott, Lori 150 Naylor Street Palm Bay, FL 32907	loan repayment	MO		\$57.22
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					