CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Gerald Boone	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1059841]							
(2) 15 South 65th Avenue	Submitted on:							
Address (number and street) Pensacola, FL 32506	3/3/2014 15:20:59 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 456							
(4) Check appropriate box(es):								
 Candidate Office Sought: School Board, District 2 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 								
(5) Report Identifiers								
Cover Period: From 2 / 1 / 2014 To	2 / 28 / 2014 Report Type: M2							
☑ Original ☑ Amendment ☑ Sp	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$, , , 000	Monetary Expenditures \$, , <u>10</u> . <u>00</u>							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,000							
Total Monetary \$	Total Monetary \$, , <u>10</u> . <u>00</u>							
······································	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, <u>600</u> . <u>00</u>	\$,,,95_							
(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)	(Type name)							
X	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Gerald Boone</u>				(2) I.D. Number				
	2/1/2014			/28/2014				
(3) Cover Perio	od/ /	thro	- Dugh	1 1	(4) Paq	e 1	of ⁰	
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(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name			x	(N 58767)		N.0.00	
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1								
	-							
1 1								
	-							
1 1								
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		2 <u>-</u>			<u>.</u>	-		
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1 1	-							
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2								
1 1	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Gera	EXPENDIT 2) I.D. Number				
	2/1/2014 /through	2/28/2014	4) Page <u>1</u>		1
(5) Date	(7) Full Name (Loot Suffix First Middle)	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
	Coastal Bank and Trust, P.O. Box12966 Pensacola, FL 32591-2966	bank service charge	МО		\$10.00
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES