

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

(1) DIANA GREENE
Name
(2) 3011 NW 117TH CT
Address (number and street)
OCALA, FL 34482
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1028410]
Submitted on:
4/10/2011 19:46:10 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 163

(4) Check appropriate box(es):
 Candidate (office sought): SUPERINTENDENT OF SCHOOLS
 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 1/1/2011 To 3/31/2011 / Report Type Q1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00
 Loans \$ 0.00
 Total Monetary \$ 500.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 27.96
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 27.96

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 500.00

(10) TOTAL Monetary Expenditures To Date
 \$ 27.96

(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>X _____</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 & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DIANA GREENE **(2) I.D. Number** 163
(3) Cover Period 1/1/2011 through 3/31/2011 **(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
2/22/2011 / /	Greene, Diana Lynn 3011 NW 117th Court Ocala, FL 34482	I	district administra tor	CH			\$60.00
1							
3/14/2011 / /	Greene, Diana Lynn 3011 NW 117th Court Ocala, FL 34482	I	district administra tor	CH			\$440.00
2							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DIANA GREENE

(2) I.D. Number 163

(3) Cover Period 1/1/2011 through 3/31/2011

(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					
3/31/2011 / /	Office Depot, # 264 2701 SW College Road Ocala, FL 34474	printer paper	MO		\$27.96
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