

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

(1) Ray Singleton
Name
(2) 134 Lake ST
Address (number and street)
Pomona Park, FL 32181
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1032726]
Submitted on:
1/9/2012 17:20:31 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 150

(4) Check appropriate box(es):
 Candidate (office sought): Bd of County Comm Dist 1
 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 10/1/2011 To 12/31/2011 Report Type Q4
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 100.00
 Loans \$ 0.00
 Total Monetary \$ 100.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 35.34
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 35.34

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 2,400.00

(10) TOTAL Monetary Expenditures To Date
 \$ 2,039.94

(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 EXPENDITURES

(1) Name Ray Singleton

(2) I.D. Number 150

(3) Cover Period 10/1/2011 through 12/31/2011

(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					
11/9/2011 / /	Graphics II, 623 St. Johns Ave Palatka, Fl 32177	cards	MO		\$12.84
1					
11/9/2011 / /	Supervisor of Elections, 2509 Crill Ave, Suite 900 Palatka, FL 32177	petition	MO		\$22.50
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					