

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

(1) Scott P. Thurston
Name
 (2) 449 Ridge Road
Address (number and street)
Santa Rosa Beach, FL 32459
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1009998]

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 111

(4) **Check appropriate box(es):**
 Candidate (office sought): South Walton Fire Comm. Seat #3
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 7/19/2008 To 8/1/2008 / Report Type F2
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 400.00
 Loans \$ 0.00
 Total Monetary \$ 400.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 320.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 320.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 2,325.00

(10) TOTAL Monetary Expenditures To Date
 \$ 2,297.16

(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 Scott P. Thurston (2) I.D. Number 111

7/19/2008 through 8/1/2008

(3) Cover Period / / through / / (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 Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
8/1/2008 / /	Thurston, Scott 449 Ridge Road Santa Rosa Beach, FL 32459	I	candidate/ chiropract or	CH		Add	\$400.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Scott P. Thurston

(2) I.D. Number 111

(3) Cover Period 7/19/2008 through 8/1/2008

(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					
7/24/2008 //	Copy Systems, U.S. Hwy 98 Santa Rosa Beach, FL 32459	campaign cards	MO	Add	\$320.00
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