

**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**  
[1010619]

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  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 9/27/2008 To 10/10/2008 Report Type G3  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 150.00  
 Loans \$ 100.00  
 Total Monetary \$ 250.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

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

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 2,575.00

**(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><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>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Scott P. Thurston **(2) I.D. Number** 111  
**(3) Cover Period** 9/27/2008 through 10/10/2008 **(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
10/10/2008 / /	Weimorts, Michael L. 319 Morrison Avenue Santa Rosa Beach, FL 32459	I	attorney	CH			\$100.00
1							
10/10/2008 / /	Thurston Chiropractic, Scott P. 3925 West 30-A, Suite D Santa Rosa Beach, FL 32459	I	chiropract ic	LO			\$100.00
2							
10/10/2008 / /	Burkett, Glenn 400 Chat Holly Road Santa Rosa Beach, FL 32459	I		CA			\$50.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Scott P. Thurston

(2) I.D. Number 111

(3) Cover Period 9/27/2008 through 10/10/2008

(4) Page 1 of 0

(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					
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