

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lori Scott  
 Name

(2) 150 Naylor Street, NE  
 Address (number and street)

Palm Bay, FL 32907  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1104776]

Submitted on:  
 5/9/2016 17:32:25 (eastern)

Check here if address has changed (3) ID Number: 595

(4) Check appropriate box(es):

Candidate Office Sought: Supervisor of Elections

Political Committee (PC)

Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded

Party Executive Committee (PTY)  Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 4 / 1 / 2016 To 4 / 30 / 2016 Report Type: M4

Original  Amendment  Special Election 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 \$      ,      , 950 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 950 . 00

**(8) Other Distributions**  
 \$      ,      , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      , 18 , 110 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      , 2 , 251 . 72

### (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) \_\_\_\_\_

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lori Scott (2) I.D. Number 595

(3) Cover Period 4/1/2016 through 4/30/2016 (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
4/7/2016 / /	Goding, Vern H ***Protected***	I	retired	CH			\$100.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
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/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Lori Scott

(2) I.D. Number 595

(3) Cover Period 4/1/2016 through 4/30/2016

(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					
4/8/2016 / /	Republican Party of Brevard, P.O. Box 410153 Melbourne, FL 32941	lincoln/reagan day dinner	MO		\$900.00
1					
4/27/2016 / /	Scott, Lori PO Box 120838 West Melbourne, FL 32912	reimbursement -candidate luncheon	MO		\$50.00
2					
/ /					
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