

<b>FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS</b> <b>CAMPAIGN TREASURER'S REPORT SUMMARY</b>
---

(1) Sue Sifrit

Name \_\_\_\_\_

(2) 19031 McGrath Cir, Port Charlotte, FL 33948

Address (number and street)

City, State, Zip Code

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

(4) Check appropriate box(es):

☒ Candidate (office sought): School Board District 4

☐ Political Committee ☐ CH☐ Political Committee ☐ CHECK IF PC HAS DISBANDED☐ Committee of Continuous Existence ☐ CH

☐ Committee of Continuous Existence ☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee☐ Electioneering Communication ☐ C

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

(5) REPORT IDENTIFIERS

Cover Period: From 7/22/2006 To 10/19/2006 Report Type TRjly

☒ Original      ☐ Amendment      ☐ Special Election Report      ☐ Independent Expenditure Report

## (6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	0.00
---------------	----	------

Loans	\$	50.00
-------	----	-------

Total Monetary	\$	50.00
----------------	----	-------

In-Kind	\$	0.00
---------	----	------

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	150.00
-----------------------	----	--------

Transfers to Office		
Account	\$	0.00

Total Monetary	\$	150.00
----------------	----	--------

(8) Other Distributions

(c)	Other Distributions	\$ 0.00
-----	---------------------	---------

**(9) TOTAL Monetary Contributions To Date**

\$ 150.00

	(10)	TOTAL Monetary Expenditures To Date
<hr/>		

\$ 150.00

**(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

(Type name)

☐ Individual (only for electioneering commun.)    ☐ Treasurer    ☐ Deputy Treasurer

☐ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

**X**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Sue Sifrit **(2) I.D. Number** 49  
**(3) Cover Period** 7/22/2006 through 10/19/2006 **(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
7/13/2006 / /	Sifrit, Sue 19031 McGrath Cir Port Charlotte, FL 33982	I	school board	LO			\$50.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sue Sifrit

(2) I.D. Number 49

(3) Cover Period 7/22/2006 through 10/19/2006

(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
7/14/2006 / /	Supervisor of Elections, 410 Taylor St Punta Gorda, FL 33950	petition cards	MO		\$126.80
1					
8/8/2006 / /	Sifrit, Sue 19031 McGrath Cir Port Charlotte, FL 33948	loan repayment	MO		\$23.20
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					