	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Carole Ruffalo	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	8 Collinson Ct	Submitted on:					
	Address (number and street)	8/22/2014 06:30:12 (eastern)					
	Palm Coast, FL 32137 City, State, Zip Code	— I					
	☐ Check here if address has changed	(3) ID Number: 284					
/ A\	_	(3) ID Number:284					
(4)	Check appropriate box(es):	sice District 2					
		sion District 2					
		☐ Check here if PC or ECO has disbanded					
	_ , , ,	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					
Cove	er Period: From <u>8</u> / <u>9</u> / <u>2014</u> To	8 / 21 / 2014 Report Type: <u>P7</u>					
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Casl	h & Checks \$, , ,000	Expenditures \$, , 5 . 00					
Lagr	s \$ 0.00	To a contract the Area					
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$					
Tota	al Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00					
TULA	,,,,	Total Monetary \$, , 5 . 00					
In-Ki	ind \$, , 0.00	,,,					
III i Xi	,, ,, ,, ,,	(8) Other Distributions					
		\$,, ooo					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>100</u> . <u>00</u>	\$, , <u>15</u> . <u>00</u>					
	(11) Cert	tification					
	It is a first degree misdemeanor for any person						
١c	certify that I have examined this report and it is true, corre	ect, and complete:					
(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
or	electioneering comm.)						
Х		×					
	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Carole Ruffalo				2) I.D. Numbe	er <u>2</u>	84
	8/9/2014 od////		8	/21/2014 ///	(4) Pag	e	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor		(9) Contribution	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Carole	Ruffa	lo				 (2) I.D. Nun	nber	2	284	and an artist of the second
		8/9/20	14		8/21/2	014					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/20/2014	WellsFargo, Palm Coast Pkwy	service fee	MO		\$5.00
1	Palm Coast, FL 32137				
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DS-DE 14 (Rev.	44/40 1				