CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Carole Ruffalo	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1074750]						
(2) 8 Collinson Ct Address (number and street)	Submitted on:						
Palm Coast, FL 32137	8/30/2014 09:38:39 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 284						
(4) Check appropriate box(es):							
 Candidate Office Sought: County Commission District 2 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 							
(5) Report Identifiers							
Cover Period: From <u>8</u> / <u>22</u> / <u>2014</u> To	<u>11</u> / <u>25</u> / <u>2014</u> Report Type: <u>TRP-W</u>						
🖾 Original 🔄 Amendment 🔄 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 000	Monetary Expenditures \$, , , 0 . 00						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,0						
Total Monetary \$	Total Monetary \$, , , 0 . 00						
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>100</u> . <u>00</u>	\$,, <u>100</u> . <u>00</u>						
(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)	(Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
x	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Carole Ruffalo	(2) I.D. Number					284		
	8/22/2014			11/25/2014					
(3) Cover Per	riod / /	thro	ough	I I	(4) Pag	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	15 55 51 1 1 4 5 7 1 1 4 5 7 1 1 4 5 7 1 5 1 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5	Туре	Description	Amendment	Amount		
				0.416	2 54				
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1 1	_								
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1 1	_								
1 1	_								
1 1									
1 1		2			5				
1 1	_								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Caro	CAMPAIGN TREASURER' le Ruffalo		EXPENDITURES 2) I.D. Number		284	
(3) Cover Period	8/22/2014 I/ through_	11/25/2014 //	4) Page <u>1</u>	of	1	
(5) Date (6) Sequence Number	(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	
	Ruffalo, Carole 8 Collinson Court Palm Coast, FL 32137	refund loan	DI		\$85.00	
_/ /						
//						
_/ /						
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//						
11						
11						

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