

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) CARLA JOHNSTON  
Name

(2) 690 PURDY DR, SANIBEL, FL 33957  
Address (number and street)

\_\_\_\_\_  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): COUNTY COMMISSIONER-1

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 10/29/2010 To 1/31/2011 Report Type TR-4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 51.04

Transfers to Office Account \$ 0.00

Total Monetary \$ 51.04

(8) Other Distributions \$ 0.00

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

\$ 42,775.23

**(10) TOTAL Monetary Expenditures To Date**

\$ 42,762.73

**(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 CARLA JOHNSTON (2) I.D. Number 261

10/29/2010 through 1/31/2011

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(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
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							

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

(1) Name CARLA JOHNSTON

(2) I.D. Number 261

(3) Cover Period 10/29/2010 through 1/31/2011

(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					
12/2/2010 / /	SCCF, 3333 Sanibel-Captiva Road Sanibel, FL 33957	donation of cash anonymous received ly	MO		\$50.00
1					
12/10/2010 / /	Johnston, Carla B 690 Purdy Dr Sanibel, FL 33957	repayment of campaign loan	MO		\$1.04
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					