

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

(1) ELINOR SCRICCA  
Name

(2) 13731 MAGNOLIA LAKE CT, FORT MYERS, FL 33907  
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): SCHOOL BOARD-5

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 7/17/2010 To 7/30/2010 / Report Type F2

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    \$ \_\_\_\_\_ 7,483.90

Transfers to Office Account    \$ \_\_\_\_\_ 0.00

Total Monetary    \$ \_\_\_\_\_ 7,483.90

(8) Other Distributions    \$ \_\_\_\_\_ 0.00

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

\$ \_\_\_\_\_ 15,327.78

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

\$ \_\_\_\_\_ 14,008.67

**(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 ELINOR SCRICCA (2) I.D. Number 61

7/17/2010 through 7/30/2010

(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 ELINOR SCRICCA

(2) I.D. Number 61

(3) Cover Period 7/17/2010 through 7/30/2010

(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					
7/17/2010 //	ARTYPE, 3530 Work Drive FT. MYERS, FL 33907	sign	MO		\$816.20
1					
7/29/2010 //	GBSI INFORMATION SERVICES, 4317 S. PACIFIC CIR. N. FT. MYERS, FL 33903	postage for mailings	MO		\$6,667.70
2					
//					
//					
//					
//					
//					
//					
//					