

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rosanne Wood
 Name
 (2) 2264 Grassroot Way
 Address (number and street)
Tallahassee, FL 32311
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1125758]
 Submitted on:
 9/9/2016 09:55:45 (eastern)

Check here if address has changed

(3) ID Number: 409

(4) Check appropriate box(es):

- Candidate Office Sought: Leon County School Board - District 2
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) 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

Cover Period: From 9 / 3 / 2016 To 9 / 16 / 2016 Report Type: G2

Original Amendment Special Election 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 \$, 2 , 000 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 2 , 000 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 71 , 611 . 43

(10) TOTAL Monetary Expenditures To Date

\$, 62 , 612 . 58

(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) _____
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Rosanne Wood (2) I.D. Number 409

(3) Cover Period 9/3/2016 through 9/16/2016 (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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Rosanne Wood

(2) I.D. Number 409

(3) Cover Period 9/3/2016 through 9/16/2016

(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					
9/8/2016 //	Harvard & Associates P.A., 254 East Sixth Ave. Tallahassee, FL 32303	accounting	MO		\$500.00
1					
9/8/2016 //	MDA Muscle Walk, 1574-B Village Square Blvd Tallahassee, FL 32309	donation to non profit	MO		\$250.00
2					
9/8/2016 //	Second Harvest of the Big Bend, 446 Enterpot Blvd. Tallahassee, FL 32310	donation to non profit	MO		\$250.00
3					
9/8/2016 //	Wood, Rosanne 2264 Grassroots Way Tallahassee, FL 32301	refund of original contribution	MO		\$1,000.00
4					
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