

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rocky Hanna
 Name
 (2) PO Box 13884
 Address (number and street)
Tallahassee, FL 32317
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1103085]

Submitted on:
 4/19/2016 19:20:05 (eastern)

Check here if address has changed

(3) ID Number: 415

(4) Check appropriate box(es):

- Candidate Office Sought: Leon County Superintendent of Schools
- 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 3 / 1 / 2016 To 3 / 31 / 2016 Report Type: M3

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 \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 175 , 179 . 55

(10) TOTAL Monetary Expenditures To Date

\$, 65 , 031 . 04

(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 Rocky Hanna (2) I.D. Number 415

(3) Cover Period 3/1/2016 through 3/31/2016 (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 Rocky Hanna

(2) I.D. Number 415

(3) Cover Period 3/1/2016 through 3/31/2016

(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 | | | | | |
| 3/30/2016 / / | Supervisor Of Elections, 315 S Calhoun St. Tallahassee, FL 32314 | filing fees | MO | Delete | \$10.00 |
| 1 | | | | | |
| 3/30/2016 / / | Supervisor Of Elections, 315 S Calhoun St. Tallahassee, FL 32314 | petition verification fee | MO | Add | \$10.00 |
| 2 | | | | | |
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