

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

(1) Sheila M. Costigan

**Name**

(2) 2108 W. Randolph Circle, Tallahassee, FL 32308

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

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

(4) **Check appropriate box(es):**

Candidate (office sought): Leon County School Board - District 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 1/1/2006 To 3/31/2006 Report Type 06-Q1

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 600.00

Loans    \$ 0.00

Total Monetary    \$ 600.00

In-Kind    \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 21.00

Transfers to Office Account    \$ 0.00

Total Monetary    \$ 21.00

(8) Other Distributions    \$ 0.00

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

\$ 600.00

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

\$ 21.00

**(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 Sheila M. Costigan (2) I.D. Number 100

1/1/2006 through 3/31/2006

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

(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
2/1/2006 / /	Costigan, Sheila M 2108 W. Randolph Circle Tallahassee, FL 32308	I	school board member	CH			\$200.00
1							
3/6/2006 / /	Huey, Deborah C. 1125 Carriage Rd. Tallahassee,, FL 32312-2501	I	homemaker	CH			\$250.00
2							
3/6/2006 / /	Rolfes, Sharon Rady 1133 Alachua Ave Tallahassee, FL 32308-6923	I	author/ educator	CH			\$150.00
3							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Sheila M. Costigan

(2) I.D. Number 100

(3) Cover Period 1/1/2006 through 3/31/2006

(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					
2/8/2006 / /	Capital City Bank, Centerville Road Tallahssee, FL 32312	check printing	MO		\$21.00
1					
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