

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SHELIA ARNETT
 Name

(2) 2721 SW 34TH AVE
 Address (number and street)

OCALA, FL 34474
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1163935]

Submitted on:
 7/31/2018 10:56:07 (eastern)

Check here if address has changed

(3) ID Number: 415

(4) Check appropriate box(es):

- Candidate Office Sought: SCHOOL BOARD - 5
- 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 7 / 21 / 2018 To 7 / 27 / 2018 Report Type: P4

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 \$, , 192 . 46

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 192 . 46

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 11 , 151 . 63

(10) TOTAL Monetary Expenditures To Date

\$, 10 , 040 . 52

(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 SHELIA ARNETT (2) I.D. Number 415
 (3) Cover Period 7/21/2018 through 7/27/2018 (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 SHELIA ARNETT

(2) I.D. Number 415

(3) Cover Period 7/21/2018 through 7/27/2018

(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
7/27/2018 / /	Staples, 2497 SW 27th Ave Ocala, FL 34471	supplies for mailer	MO		\$22.46
1					
7/27/2018 / /	Mail Sort, PO Box 536 Ocala, FL 34478	mailing	MO		\$170.00
2					
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