

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

(1) Mary Scicchitano  
**Name**  
 (2) 5341 Windward Way  
**Address (number and street)**  
New Port Richey, Fl 34653  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1014544]

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 279

(4) **Check appropriate box(es):**  
 Candidate (office sought): School Board Member District 3  
 Political Committee  **CHECK IF PC HAS DISBANDED**  
 Committee of Continuous Existence  **CHECK IF CCE HAS DISBANDED**  
 Party Executive Committee  **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**  
 **Electioneering Communication**

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/1/2009 To 7/13/2009 Report Type TR-W  
 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 \$ 5,000.00  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 5,000.00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 5,000.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 5,000.00

**(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.

(Type name) \_\_\_\_\_  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
**X**  
 \_\_\_\_\_  
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  
**X**  
 \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mary Scicchitano (2) I.D. Number 279

7/1/2009 through 7/13/2009

(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 Mary Scicchitano

(2) I.D. Number 279

(3) Cover Period 7/1/2009 through 7/13/2009

(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					
7/7/2009 / /	Scicchitano, Mary 5341 Windward Way New Port Richey, FL 34652	re-imbursment for kick off dinner	MO		\$347.75
1					
7/7/2009 / /	Scicchitano, Mary 5341 Windward Way New Port Richey, FL 34652	close campaign account	MO		\$4,652.25
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					