

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

(1) Sallie Skipper
Name
(2) 5653 Main St
Address (number and street)
New Port Richey, Fl 34652
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1017968]
Submitted on:
5/11/2010 11:36:16 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 286

(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
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 1/1/2010 To 3/31/2010 Report Type Q1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>-69.96</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 17,985.03

(10) TOTAL Monetary Expenditures To Date
\$ 3,818.42

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Sallie Skipper (2) I.D. Number 286

1/1/2010 through 3/31/2010

(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		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
2/8/2010 / /	Skipper & Skipper, P.A., 5653 Main Street New Port Richey, FL 34652	B		IK	postage	Delete	\$69.96
1							
2/8/2010 / /	Skipper & Skipper, P.A., 5653 Main Street New Port Richey, FL 34652	B		IK	item should be a reimburse ment expenditur	Add	\$0.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sallie Skipper

(2) I.D. Number 286

(3) Cover Period 1/1/2010 through 3/31/2010

(4) Page 1 of 0

(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					
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