

**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**

☐ **CHECK IF ADDRESS HAS CHANGED**

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

☒ **Candidate (office sought):** School Board Member District 3

☐ **Political Committee**

☐ **Committee of Continuous Existence**

☐ **Party Executive Committee**

☐ **Electioneering Communication**

☐ **CHECK IF PC HAS DISBANDED**

☐ **CHECK IF CCE HAS DISBANDED**

☐ **CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED**

**OFFICE USE ONLY**

**ONLINE SUBMISSION**

[1024903]

Submitted on:

10/27/2010 14:15:55 (eastern)

(3) **ID Number:** 286

**(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    \$ -249.91

Loans    \$ 0.00

Total Monetary    \$ -249.91

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**

\$ 24,025.12

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

\$ 23,298.12

**(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** Sallie Skipper **(2) I.D. Number** 286  
**(3) Cover Period** 1/1/2010 through 3/31/2010 **(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
2/15/2010 / /	Sandbergen Insurance, Inc., 2121 N.E. Coachman Road Clearwater, FL 33765	B	insurance agency	CH		Delete	\$500.00
1							
2/15/2010 / /	Sandbergen Insurance, Inc., 2121 N.E. Coachman Road Clearwater, FL 33765	B	insurance agency	CH		Add	\$250.00
2							
1/19/2010 / /	PayPal, Inc., 2211 N. First Street San Jose, CA 95131	B		CA		Delete	\$0.01
3							
1/19/2010 / /	PayPal, Inc., 2211 N. First Street San Jose, CA 95131	B		CA		Add	\$0.10
4							
/ /							
/ /							
/ /							
/ /							

# 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
//					
//					
//					
//					
//					
//					
//					