FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) _{Sallie Skipper}	OFFICE USE ONLY							
Name	ONLINE SUBMISSION							
(2) 5653 Main St	[1025547]							
Address (number and street)	Submitted on:							
<u>New Port Richey, Fl 34652</u> City, State, Zip Code	11/9/2010 13:36:35 (eastern)							
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: 286							
(4) Check appropriate box(es): X Candidate (office sought): School Board M	ember District 2							
Political Committee	CHECK IF PC HAS DISBANDED							
Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED							
Party Executive Committee								
Electioneering Communication	Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED							
(5) REPORT 8/20/2010	IDENTIFIERS							
Cover Period: From / To	II/22/2010 Report Type TR-P							
I Original Amendment Special Election	Report Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$100.00	Monetary Expenditures \$ 827.00							
Loans \$ 0.00	Transfers to Office							
	Account \$0.00							
Total Monetary \$ 100.00	Total							
In-Kind \$ 0.00	Monetary \$ 827.00							
In-Kind ♥	(8) Other Distributions							
	\$0.00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$24,125.12	\$24,125.12_							
(11) CERTIFICATION								
	on 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) (Type name)								
Individual (only for Treasurer Deputy Treasurer electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)							
X	X							
Signature	Signature							
DS-DE 12 (Rev. 08/04)								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sallie Skipper	(2) I.D. Number						
	8/20/2010		1	1/22/2010				
(3) Cover Peri	iod / /	thro	ough	<i>ll</i>	(4) Pag	e _1	of _1	
		1		T	1			
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle) Street Address &			Contribution	lar bitasi			
Sequence Number	City, State, Zip Code		ontributor Occupation	Туре	In-kind Description	Amendment	Amount	
Number	City of New Port	0	sign	СН	Description	, and a state of the state of t	\$100.00	
10/26/2010	Richey, 5919 Main Street		permit refund					
1 1	_ 5919 Main Street New Port Richey, FL 34652		refund					
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Sall	CAMPAIGN TREASURER'S lie Skipper	(2) EXPENDIT 2) I.D. Number		286
(3) Cover Perio	8/20/2010 1 d/_/through	1/22/2010 _//(4	4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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
10/27/2010	Sieber Graphics, 12045 Cobblestone Drive Hudson , FL 34667	contribution refund	МО		\$50.00
10/27/2010 // 2	Skipper, Sallie 5653 Main Street New Port Richey, FL 34652	partial loan repayment/ close bank account	МО		\$777.00
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DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES