

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

(1) Sandra A. Southerly  
Name  
(2) 5115 Myrtle Drive  
Address (number and street)  
Fort Pierce, FL 34982  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1024766]  
Submitted on:  
10/19/2010 15:36:53 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 140

(4) Check appropriate box(es):

- Candidate (office sought): School Board, 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

**(5) REPORT IDENTIFIERS**

Cover Period: From 8/20/2010 To 11/19/2010 Report Type TR

- Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>250.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>250.00</u>
In-Kind	\$	<u>0.00</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**  
\$ 3,960.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 3,960.00

**(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 Sandra A. Southerly (2) I.D. Number 140

8/20/2010 through 11/19/2010

(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				
9/15/2010 / /	Bond Check Refund, City of PSL 121 SW PSL Boulevard, Bld. B PSL, FL 34984	0	returned bond check for	CH			\$250.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Sandra A. Southerly

(2) I.D. Number 140

(3) Cover Period 8/20/2010 through 11/19/2010

(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					
9/16/2010 / /	Campaign Account, Southerly, Sandy 5115 Myrtle Drive Fort Pierce, FL 34982	partial reimbursement for loan	DI		\$577.99
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