

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

(1) Sandy June Krischke  
**Name**  
 (2) 8407 Fort Walton Avenue  
**Address (number and street)**  
Fort Pierce, FL 34951  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1026160]  
 Submitted on:  
 12/8/2010 11:10:42 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 143

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

- Candidate (office sought): School Board, District 1
- 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 4/1/2010 To 7/16/2010 Report Type F1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.37</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.37</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**  
 \$ 4,851.64

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 4,851.64

**(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.

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

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

**X** \_\_\_\_\_  
 Signature

**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Sandy June Krischke (2) I.D. Number 143

4/1/2010 through 7/16/2010

(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	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
5/5/2010 / /	PayPal, 2145 Hamilton Avenue San Jose, CA 95125	B		CH	account verificati on deposit	Add	\$0.18
1							
5/5/2010 / /	PayPal, 2145 Hamilton Avenue San Jose, CA 95125	B		CH	account verificati on deposit	Add	\$0.19
2							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Sandy June Krischke

(2) I.D. Number 143

(3) Cover Period 4/1/2010 through 7/16/2010

(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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