

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carol A. Hilson
 Name
 (2) 3003 S.E. Galt Circle
 Address (number and street)
Port St. Lucie, FL 34984
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1096574]

Submitted on:
 1/12/2016 14:59:54 (eastern)

Check here if address has changed

(3) ID Number: 273

(4) Check appropriate box(es):

- Candidate Office Sought: School Board, District 2
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 1 / 2015 To 12 / 31 / 2015 Report Type: M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 17 . 95

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 17 . 95

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 299 . 05

(10) TOTAL Monetary Expenditures To Date

\$, , 17 . 95

(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 IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Carol A. Hilson (2) I.D. Number 273

12/1/2015 through 12/31/2015

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carol A. Hilson

(2) I.D. Number 273

(3) Cover Period 12/1/2015 through 12/31/2015

(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
12/21/2015 //	SLC Supervisor of Elections, 4132 Okeechobee Road Fort Pierce, FL 34947	petition verification fee	MO	Add	\$5.00
1					
12/21/2015 //	TD Bank, Okeechobee Road Fort Pierce, FL 34947	bank fees	MO	Add	\$12.95
2					
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