

## 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**  
 [1109461]

Submitted on:  
 6/29/2016 12:34:38 (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 6 / 1 / 2016 To 6 / 24 / 2016 Report Type: P1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 550 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 550 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 2 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 2 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 2 , 999 . 05

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 726 . 78

### (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  
 (3) Cover Period 6/1/2016 through 6/24/2016 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
6/23/2016 / /	SLC. Tiger-PAC, 371 E. Midway Rd. Ft. Pierce, Fl 34982	F	education	CH			\$500.00
1							
6/22/2016 / /	Vogel, William 529 Spring Club Dr. Altamonte Springs, Fl 32714	I		CH			\$50.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Carol A. Hilson

(2) I.D. Number 273

(3) Cover Period 6/1/2016 through 6/24/2016

(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					
6/23/2016 //	TD. Bank, Okeechobee Rd. Ft. Pierce, Fl 34947	fee	MO		\$2.00
1					
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