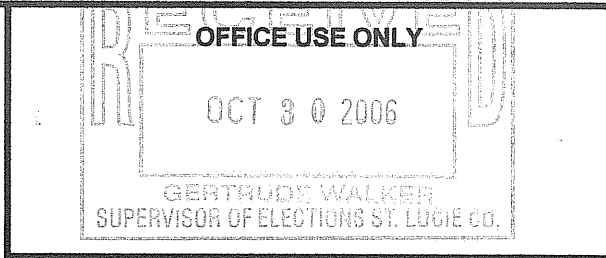


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) NETTLES ISLAND COMMUNITY ACTION ASSOC.  
Name

(2) 579 NETTLES BOULEVARD  
Address (number and street)

JENSEN BEACH, FLORIDA 34957  
City, State, Zip Code



CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 12

(4) Check appropriate box(es):

- |  |   |
|--|---|
| <input type="checkbox"/> Candidate (office sought): _____  | <input type="checkbox"/> CHECK IF PC HAS DISBANDED  |
| <input checked="" type="checkbox"/> Political Committee    | <input type="checkbox"/> CHECK IF CCE HAS DISBANDED   |
| <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED |
| <input type="checkbox"/> Party Executive Committee         |   |
| <input type="checkbox"/> Electioneering Communication      |   |

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 14 / 06 To 11 / 02 / 06 Report Type G4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 0.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 57.80

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 57.80

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 355.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 307.70 ✓

**(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) RUSSELL D. HAGEMAN  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Russell D. Hageman  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) MARK A. BOSTON  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

X Mark A. Boston  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name NETTLES ISLAND COMMUNITY ACTION ASSOC.

(2) I.D. Number 12

(3) Cover Period 10 / 14 / 06 through 11 / 02 / 06

(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					
10 / 16 / 06	CAROLINE HUNTER NETTLES ISLAND CAFE	REFRESHMENTS	MON		\$50.00
5					
10 / 27 / 06	ALEC MCKAY SECRETARY, NICAA NETTLES ISLAND	PURCHASE STAMPS	PCS		\$7.80
6					
/ /					
/ /					
/ /					
/ /					
/ /					