

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donna Savary  
 Name  
 (2) 31 Sarah Ct.  
 Address (number and street)  
Crawfordville, FL 32327  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1059788]

Submitted on:  
 3/3/2014 08:22:47 (eastern)

Check here if address has changed

(3) ID Number: 24

(4) Check appropriate box(es):

- Candidate Office Sought: School Board District 5
- 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 2 / 1 / 2014 To 2 / 28 / 2014 Report Type: M2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 500 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 500 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 23 . 54

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 23 . 54

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,      , 600 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 23 . 54

### (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 Donna Savary (2) I.D. Number 24  
 (3) Cover Period 2/1/2014 through 2/28/2014 (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						
2/6/2014 / /	Savary, Stacey 2416 Old St Augustine Road Tallahassee, FL 32301	I comptrolle r	CH			\$100.00
1						
2/6/2014 / /	Strickland, Sarah P.O. Box 418 Sopchoppy, FL 32358	I retired	CH			\$100.00
2						
2/6/2014 / /	Gregory , Gibson 444 Shadeville Road Crawfordville, FL 32327	I	CH			\$100.00
3						
2/6/2014 / /	Charlotte, Cobb P.O. Box 654 Crawfordville, FL 32327	I	CH			\$100.00
4						
2/6/2014 / /	Andrea , Carter 77 Frank Jones Road Crawfordville, FL 32327	I	CH			\$100.00
5						
/ /						
/ /						
/ /						
/ /						

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

(1) Name Donna Savary

(2) I.D. Number 24

(3) Cover Period 2/1/2014 through 2/28/2014

(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					
2/1/2014 //	Amazing Mail Solutions, 2671 Crawfordville Highway Crawfordville, FL 32327	copies	MO		\$23.54
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