

## CAMPAIGN TREASURER'S REPORT SUMMARY

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

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1071885]

Submitted on:  
 8/8/2014 16:28:56 (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)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 8 / 2 / 2014 To 8 / 8 / 2014 Report Type: P6

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 840 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 840 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        ,        , 7 , 240 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 3 , 373 . 14

### (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  
 8/2/2014 8/8/2014  
 (3) Cover Period  / /  through  / /  (4) Page 1 of 2

(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						
8/5/2014 / /	Savary, David 31 Sarah Court Crawfordville, FL 32327	I supervisor	CA			\$50.00
1						
8/5/2014 / /	Hickman, Charles & Gail 528 Hickorywood Drive Crawfordville, FL 32327	I		CH		\$50.00
2						
8/5/2014 / /	Blakstad, Duane & Pat 51 Savary Lane Crawfordville, FL 32327	I		CH		\$30.00
3						
8/5/2014 / /	Gieger, Amy 391 Oakwood Trail Crawfordville, FL 32327	I		CH		\$35.00
4						
8/5/2014 / /	B & B Dugger, P.O. Box 121 Crawfordville, FL 32327	B	land developmen t	CH		\$200.00
5						
8/5/2014 / /	Dugger, Bobbie & Kelly P.O. Box 586 Crawfordville, FL 32327	I	administra tor	CH		\$200.00
6						
8/5/2014 / /	Langston, Ron & Kate P.O. Box 242 Sopchoppy, FL 32358	I		CH		\$50.00
7						
8/5/2014 / /	Chappell, Jacqueline P.O. Box 3153 Tallahassee, FL 32315	I	office manager	CH		\$200.00
8						



## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Donna Savary

(2) I.D. Number 24

(3) Cover Period 8/2/2014 through 8/8/2014

(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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