

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

(1) Scott Black
Name
(2) 13951 Ninth Street
Address (number and street)
Dade City FL 33525
City, State, Zip Code

OFFICE USE ONLY

RECEIVED
MAY 10 2010

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): City Commissioner, Group One, City of Dade City
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 02 16 10 To 04 13 10 Report Type TR-Q

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ -0-

Loans \$ 50.00

Total Monetary \$ 50.00

In-Kind \$ -0-

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ ~~39.00~~ 50.00

Transfers to Office Account \$ -0-

Total Monetary \$ ~~39.00~~ 50.00

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 50.00

(10) TOTAL Monetary Expenditures To Date
\$ ~~39.00~~ 50.00

(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) Scott Black

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X
Signature

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

(Type name) Scott Black

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAY 10 2010

(1) Name Scott Black

(2) I.D. Number _____

(3) Cover Period 02/16/10 through 04/13/10

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
02/16/10	BLACK, Scott 13951 Ninth Street Dade City FL 33525	I	Insurance agent	LOA	N/A	N/A	50.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Scott Black

(2) I.D. Number _____

(3) Cover Period 02/16/10 through 04/13/10

(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
02/16/10	City of Dade City Po Box 1355 Dade City FL 33526	State assessment	MON	N/A	12.00
1					
02/16/10	City of Dade City Po Box 1355 Dade City FL 33526	City filing fee	MON	N/A	25.00
2					
02/16/10	Brian Corley, Supervisor of Elections Pasco County Court House Dade City FL 33523	Verifying petition signatures	MON	N/A	2.00
3					
04/13/10	Scott Black 13951 Ninth Street Dade City FL 33525	Closing account (refund)	REF	N/A	11.00
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