

**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							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**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
(6) Sequence Number					
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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