

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

(1) VENICE UNITED
Name
 (2) P.O. BOX 367
Address (number and street)
VENICE, FL 34284
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): _____
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication

- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 01 / 01 / 12 To 03 / 31 / 12 Report Type 2012 Q1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 250.00

Loans \$ 0

Total Monetary \$ 250.00

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 85.08

Transfers to Office Account \$ 0

Total Monetary \$ 85.08

(8) Other Distributions
 \$ 0

(9) TOTAL Monetary Contributions To Date
 \$ 250.00

(10) TOTAL Monetary Expenditures To Date
 \$ 85.08

(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.

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(Type name) G.M. SKOEGARD
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) G.M. SKOEGARD
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X
 Signature G.M. SKOEGARD

X
 Signature G.M. SKOEGARD

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VENICE UNITED (2) I.D. Number _____

(3) Cover Period 01 / 01 / 12 through 03 / 31 / 12 (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)	(12)
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
/ /	G.M.SKOEKARD 440 DARLING DR VENICE, FL 34285	1	RET	CHE			250.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name VENICE UNITED

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 2012 through 03 / 31 / 2012

(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
01 / 11 / 12	OFFICE DEPOT	OFFICE SUPPLY	MON		25.97
1					
02 / 03 / 12	OFFICE DEPOT	OFFICE SUPPLY	MON		34.22
03 / 19 / 12	OFFICE DEPOT	OFFICE SUPPLIES	MON		24.89
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