

**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  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 04 / 01 / 12 To 06 / 22 / 12 Report Type Q2 2012 FINAL

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$    0  
 Loans    \$    0  
 Total Monetary    \$    0  
 In-Kind    \$    0

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$    250.94  
 Transfers to Office Account    \$    0  
 Total Monetary    \$    250.94

**(8) Other Distributions**  
 \$    0

**(9) TOTAL Monetary Contributions To Date**  
 \$    250.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$    \_\_\_\_\_

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

**X**  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VENICE UNITED (2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 01 / 12 through 06 / 22 / 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) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name VENICE UNITED

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 01 / 2012 through 06 / 22 / 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
(6) Sequence Number					
04 / 20 / 12	OFFICE DEPOT	OFFICE SUPPLY	MON		42.79
1					
05 / 16 / 12	OFFICE DEPOT	OFFICE SUPPLY	MON		21.38
2					
06 / 07 / 12	STAPLES	OFFICE SUPPLIES	MON		14.96
3					
06 / 18 / 12	GM SKOEGARD	OFFICE EXPENSE	CHK		102.00
4					
06 / 22 / 12	GM SKOEGARD	RETURN OF CONTRIBUTION PC DISBANDED	CHK		
5					
/ /					
/ /					
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