

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

(1) Scott Boyd
Name

(2) P O Box 784611
Address (number and street)
Winter Garden, FL 34778-4611
City, State, Zip Code

OFFICE USE ONLY

2008 JAN 21 A 10:27
STATE FILES
SUPERVISOR OF ELECTIONS
ORANGE COUNTY, FL

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):
 Candidate (office sought): Orange County Commission District 1
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication

(3) ID Number: _____

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 10 / 01 / 07 To 12 / 31 / 07 Report Type Q4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$, 12 , 035 . 00

Loans \$, 30 , 000 . 00

Total Monetary \$, 42 , 035 . 00

In-Kind \$, 1 , 123 . 32

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$, , 386 . 86

Transfers to Office Account \$, , .

Total Monetary \$, , 386 . 86

(8) Other Distributions
\$, , - 0 . -

(9) TOTAL Monetary Contributions To Date
\$, 67 , 115 . 00

(10) TOTAL Monetary Expenditures To Date
\$, , 447 . 86

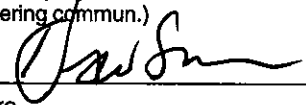
(11) CERTIFICATION

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) Hank Sines

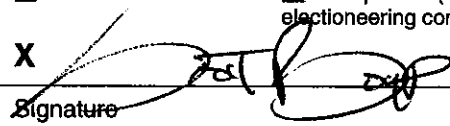
Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X 
Signature

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

(Type name) Scott Boyd

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

X 
Signature