

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

**OFFICE USE ONLY**

2010 OCT -11 A 10:39

(1) Leona Rachman  
**Name**

(2) 20839 Nettleton Street  
**Address (number and street)**

Orlando, Fl 32833  
**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): School Board Chair

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 08 / / 20 / 2010 To 09 / 24 / 2010 Report Type \_\_\_\_\_

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 3,316.41

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 3,316.41

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ 8,426.52

(10) TOTAL Monetary Expenditures To Date

\$ 8,426.52

**(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) Leona Rachman

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Leona Rachman  
Signature

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

(Type name) Leona Rachman

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

**X** Leona Rachman  
Signature