

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Toni Shamplain
 Name

(2) 1915 Wilson Ave Apt C1
 Address (number and street)

Panama City, FL 32405
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1190781]

Submitted on:
 8/9/2019 13:01:12 (eastern)

Check here if address has changed (3) ID Number: 440

(4) Check appropriate box(es):

Candidate Office Sought: Panama City Commissioner Ward 2

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 5 / 17 / 2019 To 8 / 19 / 2019 Report Type: MRTR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 2 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 2 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 5 , 425 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 5 , 425 . 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) _____

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Toni Shamplain (2) I.D. Number 440

5/17/2019 through 8/19/2019

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Toni Shamplain

(2) I.D. Number 440

(3) Cover Period 5/17/2019 through 8/19/2019

(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					
6/2/2019 //	Panhandle Credit Union, 2718 MLK BLVD Panama City , Fl 32405	banking fee	MO		\$2.00
1					
8/9/2019 //	Shamplain, Toni 1915 Wilson Ave Panama City, Fl 32405	partial repayment of loan	DI		\$1,529.93
2					
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