	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Ellyne Fields	OFFICE USE ONLY					
18 1	Name	ONLINE SUBMISSION [1290055]					
(2)	3507 Hidden Valley Road	Submitted on:					
	Address (number and street)	1/4/2023 09:00:26 (eastern)					
	Lynn Haven, FL 32444						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:611					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: Lynn Haven May	yor					
	☐ 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	☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	Identifiers					
Cov	er Period: From 12 / 1 / 2022 To						
N C	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Casl	h & Checks \$, , <u>150</u> . <u>00</u>	Expenditures \$, , 0 . 00					
•	c 0.00						
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$					
Tato	\$ 150 00	Office Account \$, , , 0 . 00					
10เล	al Monetary \$, , <u>150</u> . <u>00</u>	Total Monetary \$. 0 . 00					
! IZ	• 0 00	Total Monetary \$, , , 0 . 00					
In-Ki	ind \$,, <u>0</u> .00	(a) Other Blatabada					
		(8) Other Distributions \$, , 0.00					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$, , <u>0</u> . <u>00</u>					
	(11) Cert It is a first degree misdemeanor for any perso	tification on to falsify a public record (ss. 839.13. F.S.)					
ا							
I certify that I have examined this report and it is true, correct, and complete:							
_(T	ype name)	(Type name)					
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		X					
Si	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Ellyne Fields			(2) I.D. Number					
(3) Cover Perio	12/1/2022 od///	thro		2/31/2022 ///	(4) Page of				
(5) Date (6) Sequence Number	(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)	(12) Amount		
12/23/2022	Cooley, Mitch 3016 Meadow Street Lynn Haven , FL 32444	I		СН			\$50.0		
12/27/2022	Fields , Ellyne 3507 Hidden Valley Road Lynn Haven , FL 32444	S		СН			\$100.0		
J J	-								
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I I									
J J									
J L									
1 1									

(1) Name Ellyr	CAMPAIGN TRE	ASURER'S RI		TEMIZED EXPENDITURES (2) I.D. Number 611			
(3) Cover Period	12/1/2022 / /	through	31/2022	4) Page1		0	
(5) Date (6) Sequence Number	(7) Full Na (Last, Suffix, Fi Street Add City, State, 2	nme irst, Middle) Iress &	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount	
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