

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JoAnne S. Diana  
 Name

(2) 739 Hyacinth Circle  
 Address (number and street)

Barefoot Bay, FL 32976  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1240372]

Submitted on:  
 12/5/2020 15:43:43 (eastern)

Check here if address has changed (3) ID Number: 843

(4) Check appropriate box(es):

Candidate Office Sought: Barefoot Bay Trustee

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 11 / 3 / 2020 To 2 / 1 / 2021 Report Type: TRMGE

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 \$        ,        , 17 . 39

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 17 . 39

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 1 , 171 . 19

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 1 , 171 . 19

### (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 JoAnne S. Diana (2) I.D. Number 843

11/3/2020 through 2/1/2021

(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 JoAnne S. Diana

(2) I.D. Number 843

(3) Cover Period 11/3/2020 through 2/1/2021

(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					
11/3/2020 //	DIANA, JoAnne S 739 HYACINTH CIR SEBASTIAN, FL 329767664	postage and thankyou cards	MO	Add	\$17.39
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