

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Diana Finegan
 Name

(2) 4309 S Blue Water Pt
 Address (number and street)

Homosassa, Fl 34448
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1254067]

Submitted on:
 1/24/2022 13:33:53 (eastern)

Check here if address has changed (3) ID Number: 504

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner District 2

Political Committee (PC) Check here if PC or ECO has disbanded

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

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 12 / 1 / 2021 To 12 / 31 / 2021 Report Type: M12

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 \$, , 160 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 160 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 25 , 910 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 793 . 08

(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 Diana Finegan (2) I.D. Number 504

12/1/2021 through 12/31/2021

(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 Diana Finegan

(2) I.D. Number 504

(3) Cover Period 12/1/2021 through 12/31/2021

(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					
12/23/2021 / /	Citrus Co Chamber, 915 N Suncoast Blvd Crystal River, FL 34429	manatee festival booth	MO	Add	\$80.00
1					
12/24/2021 / /	Citrus County Chamber, 915 N Suncoast Blvd Crystal River, FL 34429	strawberry festival booth	MO	Add	\$80.00
2					
/ /					
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