CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Cornelia Downing Manfre	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1242400]						
(2) 51 River Trail Dr.	Submitted on:						
Address (number and street) Palm Coast, FL 32137	1/29/2021 10:35:53 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 527						
(4) Check appropriate box(es):							
<ul> <li>Candidate Office Sought: <u>Palm Coast City Council Member District 3</u></li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>							
(5) Report Identifiers							
Cover Period: From <u>6</u> / <u>13</u> / <u>2020</u> To	6 / <u>26</u> / <u>2020</u> Report Type: <u>P2</u>						
🗌 Original 🛛 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$ , , , 000	Monetary Expenditures \$ , , , 0 . 00						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,0						
Total Monetary       \$	Total Monetary \$ , , , 0 . 00						
······································	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>17</u> , <u>891</u> . <u>80</u>	\$, <u>17</u> _, <u>523</u> . <u>69</u>						
(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) (Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
x	x						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	ame <u>Cornelia Downing Manfre</u> (2) I.D. Num				2) I.D. Numbe	ber		
	6/13/2020		6	/26/2020		~ 1	. 0	
(3) Cover Peri	od / /	thro	bugh	11	(4) Page	e <u> </u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
/ 1	_							
1 1	-							
1 1								
<i>i i</i>	_							
1 1	_							
1 1	_							
1 1	_							
1 1	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Corn	CAMPAIGN TREASURER'S RE	(1	) EXPENDIT 2) I.D. Numbe	527	
(3) Cover Period	6/13/2020 6/2 d/ / through	6/2020 /(	4) Page <u>1</u>	of_	1
(5) Date (6) Sequence Number	(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
6/23/2020 1	STAPLES, 9 Old Kings Rd. Palm Coast, FL 32137	office supplies	МО	Add	\$0.00
6/25/2020 / / 2	CPU Palm Coast C Store, 320 Palm Coast Pkwy. N.E., Suite A Palm Coast, FL 32137-	stamps	МО	Add	\$0.00
_/ /					
_/ /					
//					
_/ /					
_/ /					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES