	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Madeline Marie Nevarez	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION [1217050]						
(2)	1947 Jonna Dr.	Submitted on:						
	Address (number and street)	7/16/2020 17:17:53 (eastern)						
	Carrabelle, FL 32322							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 206						
(4)	Check appropriate box(es):							
	Candidate Office Sought: County Commiss	sioner Dist 5						
	☐ 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						
		Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From 7 / 11 / 2020 To	7 / 17 / 2020 Report Type: P4						
<mark></mark> O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(0)	Continuations This Report	Monetary						
Cash	n & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00						
Ouo.	,,,,,	· , ,						
Loar	ns \$,,, _0.00	Transfers to						
		Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , 0 . 00							
	-	Total Monetary \$, , 0 . 00						
In-Ki	ind \$, , <u>100</u> . <u>00</u>							
		(8) Other Distributions						
		\$,,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
• •	\$, _ 2 , _00000	\$, <u>1</u> , <u>579</u> . <u>28</u>						
	(11) Cert It is a first degree misdemeanor for any perso							
1		• • • • • • • •						
ΙC	I certify that I have examined this report and it is true, correct, and complete:							
_(T)	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Madeline Marie Neva	(2) I.D. Number 206					
(3) Cover Per	7/11/2020 riod / /	thro		/17/2020 //	(4) Page	e <u> </u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &		ontributor	Contribution	In-kind	Accordance	
Number	City, State, Zip Code Warner, James	Type I	Occupation	Type IK	Description transferre	Amendment	Amount \$100.
7/15/2020	433 e gorrie Eastpoint, fl 32328	_			d from their account to		, , , ,
1					campaign account at		
J I							
/ /							
1 1							
7 7							
J I							
1 1							
, ,							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Madel	ine Mar	rie Nev	arez		9730 998 (10) 100/0100	 (2) I.D. Nun	nber	2	206	200
		7/11/	2020		7/17/2	020					
(3) Cover P	eriod _			through_			 (4) Page	1	of	0	

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
//					
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