

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Isabella Dubose
 Name
 (2) P O Box 945
 Address (number and street)
Quincy, FL 32353
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1155983]

Submitted on:
 6/5/2018 20:29:29 (eastern)

Check here if address has changed (3) ID Number: 194

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner District 4

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 5 / 1 / 2018 To 5 / 31 / 2018 Report Type: M5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 50 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 50 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 26 . 90

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 26 . 90

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

(9) TOTAL Monetary Contributions To Date
 \$, , 50 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 26 . 90

(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 Isabella Dubose **(2) I.D. Number** 194
(3) Cover Period 5/1/2018 through 5/31/2018 **(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
5/11/2018 / /	Dubose, Isabella P.O. Box 945 Quincy, FL 32353	S		CH			\$50.00
1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Isabella Dubose

(2) I.D. Number 194

(3) Cover Period 5/1/2018 through 5/31/2018

(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					
5/14/2018 //	Supervisor of Elections, 16 S. Madison St. Quincy, FL 32351	petitions	MO		\$20.30
1					
5/17/2018 //	Supervisor of Elections, 16 South Madison St Quincy, FL 32351	petitions	MO		\$1.60
2					
5/30/2018 //	Supervisor of Elections, 16 S Madison St. Quincy, FL 32351	absentee voter list	MO		\$5.00
3					
//					
//					
//					
//					