

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gail Ann Ward  
 Name  
 (2) 4627 Meadowview Road  
 Address (number and street)  
Marianna, FL 32446  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1236926]

Submitted on:  
 10/29/2020 20:44:27 (eastern)

Check here if address has changed

(3) ID Number: 309

(4) Check appropriate box(es):

- Candidate Office Sought: Supervisor of Elections
- 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 10 / 17 / 2020 To 10 / 29 / 2020 Report Type: G6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 250 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 250 . 00

In-Kind \$        , 1 , 038 . 18

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 290 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 290 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 10 , 713 . 69

### (10) TOTAL Monetary Expenditures To Date

\$        , 5 , 092 . 33

### (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 Gail Ann Ward (2) I.D. Number 309  
 10/17/2020 through 10/29/2020  
 (3) Cover Period           /          /           through           /          /           (4) Page 1 of 2

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
10/22/2020 / /	Ward, Gail A 4627 Meadowview Rd Marianna, FL 32446	S	manager	IK	postage		\$55.00
1							
10/21/2020 / /	Ward, Gail A 4627 Meadowview Rd Marianna, FL 32446	S	manager	IK	eddm postage		\$114.60
2							
10/21/2020 / /	Ward, Gail A 4627 MEADOWVIEW RD MARIANNA, FL 32446	S	manager	IK	eddm postage		\$109.25
3							
10/21/2020 / /	Ward, Gail A 4627 MEADOWVIEW RD MARIANNA, FL 32446	S	manager	IK	eddm postage		\$91.68
4							
10/21/2020 / /	Ward, Gail A 4627 MEADOWVIEW RD MARIANNA, FL 32446	S	manager	IK	eddm postage		\$101.80
5							
10/21/2020 / /	Ward, Gail A 4627 MEADOWVIEW RD MARIANNA, FL 32446	S	manager	IK	eddm postage		\$100.85
6							
10/27/2020 / /	Ward, Gail A 4627 MEADOWVIEW RD MARIANNA, FL 32446	S	manager	IK	jackson county times ad		\$40.00
7							
10/27/2020 / /	Bowden, Andrew L 1041 Strickland Rd Marianna, FL 32448	I	sales / manager	CH			\$250.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gail Ann Ward (2) I.D. Number 309  
 10/17/2020 through 10/29/2020  
 (3) Cover Period  / /  through  / /  (4) Page 2 of 2

(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
(6) Sequence Number							
10/27/2020 / /	Ward, Gail A 4627 MEADOWVIEW RD MARIANNA, FL 32446	S	manager	IK	advertisem ent services alpha omega computer		\$130.00
9							
10/27/2020 / /	Ward, Gail Candidate to T 4627 MEADOWVIEW RD MARIANNA, FL 32446	S	manager	IK	jackson county times advertisem ent		\$295.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gail Ann Ward

(2) I.D. Number 309

(3) Cover Period 10/17/2020 through 10/29/2020

(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					
10/29/2020 / /	Cole, John 23195 Whitewater Grade RD NW Altha , FL 32421	post election sign removal	MO		\$290.00
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