

## 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**  
 [1194819]

Submitted on:  
 11/12/2019 12:37:21 (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)  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 10 / 1 / 2019 To 10 / 31 / 2019 Report Type: M10

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,   4   , 100 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   4   , 100 . 00

In-Kind \$      ,      , 200 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      ,   0   . 00

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,      ,   0   . 00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,   4   , 100 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      ,   0   . 00

### (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  
 10/1/2019 through 10/31/2019  
 (3) Cover Period / / through / / (4) Page 1 of 1

(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
10/4/2019 / /	Ward, Gail Candidate to T 4627 Meadowview Road Marianna, FL 32446	S		CH	opening deposit		\$100.00
1							
10/31/2019 / /	Ward, Gail A 4627 Meadowview Road Marianna, FL 32446	S	candidate	CH			\$4,000.00
2							
10/9/2019 / /	Ward, Gail A 4627 Meadowview Road Marianna, FL 32446	S	candidate	IK	purchased table for the jackson county democratic		\$200.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Gail Ann Ward

(2) I.D. Number 309

(3) Cover Period 10/1/2019 through 10/31/2019

(4) Page 1 of 0

(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					
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