

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
 [1242808]

Submitted on:
 2/1/2021 10:50:20 (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 / 30 / 2020 To 1 / 31 / 2021 Report Type: TAG

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 5 , 621 . 36

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 5 , 621 . 36

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 10 , 713 . 69

(10) TOTAL Monetary Expenditures To Date

\$, 10 , 713 . 69

(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

10/30/2020 through 1/31/2021

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

| (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 |
|-------------|--|--|--|-----------------------------|--------------------------------|-------------------|----------------|
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gail Ann Ward

(2) I.D. Number 309

(3) Cover Period 10/30/2020 through 1/31/2021

(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 | | | | | |
| 1/31/2021 / / | Ward, Gail A 4627 Meadowview Road Marianna, FL 32446 | reimburse myself my deposited funds | RE | | \$307.67 |
| 1 | | | | | |
| 1/31/2021 / / | Ward, Gail Themselves 4627 Meadowview Road Marianna, FL 32446 | close out account | MO | | \$5,313.69 |
| 2 | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |