

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carol A. Dunaway
 Name
 (2) 4408 Kelson Ave
 Address (number and street)
Marianna, FL 32446
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1193004]
 Submitted on:
 10/8/2019 23:26:56 (eastern)

Check here if address has changed

(3) ID Number: 310

(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 9 / 1 / 2019 To 9 / 30 / 2019 Report Type: M9

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 650 . 00

Loans \$, , 0 . 00

Total Monetary \$, 1 , 650 . 00

In-Kind \$, , 353 . 50

(7) Expenditures This Report

Monetary Expenditures \$, , 450 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 450 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 650 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 450 . 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 Carol A. Dunaway (2) I.D. Number 310
 9/1/2019 through 9/30/2019
 (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 | | | | | | |
| 9/30/2019 / / | Pforte, Robert P.O. Box 794 Marianna, FL 32447 | I businessma n | CH | | | \$1,000.00 |
| 1 | | | | | | |
| 9/30/2019 / / | Marvin, Susan 1911 Doomar Drive Tallahassee, FL 32308 | I | CH | | | \$50.00 |
| 2 | | | | | | |
| 9/26/2019 / / | Kosch, Kimberly 7235 Marty Ct Tallahassee, FL 32303 | I | CH | | | \$100.00 |
| 3 | | | | | | |
| 9/26/2019 / / | Wright, Josie 3560 Kynesville Road Marianna, FL 32448 | I retired | CA | | | \$500.00 |
| 4 | | | | | | |
| 9/24/2019 / / | Dunaway, Carol P.O. Box 741 Marianna, FL 32447 | S mediator | IK | open campaign account | | \$200.00 |
| 5 | | | | | | |
| 9/19/2019 / / | Dunaway, Carol P.O. Box 741 Marianna, FL 32448 | S mediator | IK | petition copies | | \$40.31 |
| 6 | | | | | | |
| 9/20/2019 / / | Dunaway, Carol P.O. Box 741 Marianna, FL 32447 | S mediator | IK | map from soe | | \$35.00 |
| 7 | | | | | | |
| 9/20/2019 / / | Dunaway, Carol P.O. Box 741 Marianna, FL 32447 | S mediator | IK | opening po box | | \$46.00 |
| 8 | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Carol A. Dunaway (2) I.D. Number 310

9/1/2019 through 9/30/2019

(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 | | (9) Contribution | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|--------------------|------------|---------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | Type | | | |
| 9/24/2019 / / | Dunaway, Carol P.O. Box 741 Marianna, FL 32447 | S | mediator | IK | cards | | \$32.19 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carol A. Dunaway

(2) I.D. Number 310

(3) Cover Period 9/1/2019 through 9/30/2019

(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 | | | | | |
| 9/30/2019 // | Wright, Josie 3560 Kynesville Road Marianna, FL 32448 | refund for overpayment of cash donation | RE | | \$450.00 |
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