

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mary Ann Hutton
 Name
 (2) P.O. Box 1135
 Address (number and street)
Marianna, Fl 32447
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1305810]

Submitted on:
 4/9/2024 16:18:23 (eastern)

Check here if address has changed

(3) ID Number: 353

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 3
- 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 / 1 / 2023 To 12 / 31 / 2023 Report Type: Q4

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 \$, , -0 . 80

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , -0 . 80

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 19 , 318 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 18 , 714 . 01

(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 Mary Ann Hutton (2) I.D. Number 353

10/1/2023 through 12/31/2023

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mary Ann Hutton

(2) I.D. Number 353

(3) Cover Period 10/1/2023 through 12/31/2023

(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					
10/31/2023 / /	HancockWhitney, P.O. Box 4019 Gulfport, MS 39502-4019	check processing correction. debit of \$.80 additional cents	MO	Delete	\$0.80
1					
10/31/2023 / /	HancockWhitney, P.O. Box 4019 Gulfport, MS 39502-4019	bank error not reporting error	MO	Add	\$0.00
2					
/ /					
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