

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Patricia Ann Sunday  
 Name  
 (2) PO Box 5411  
 Address (number and street)  
Tallahassee, FL 32314  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1127177]  
 Submitted on:  
 9/22/2016 11:16:14 (eastern)

Check here if address has changed (3) ID Number: 434

(4) Check appropriate box(es):  
 Candidate Office Sought: Leon County Superintendent of Schools  
 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 / 3 / 2016 To 9 / 16 / 2016 Report Type: G2  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 120 . 00  
 Loans \$      ,      , 0 . 00  
 Total Monetary \$      ,      , 120 . 00  
 In-Kind \$      ,      , 0 . 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**  
 \$      ,      , 1 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      , 799 . 99

### (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 Patricia Ann Sunday (2) I.D. Number 434

(3) Cover Period 9/3/2016 through 9/16/2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
9/7/2016 / /	Sunday, Patricia Ann POB 5411 Tallahassee, FL 32314	I	candidate	CA			\$120.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Patricia Ann Sunday

(2) I.D. Number 434

(3) Cover Period 9/3/2016 through 9/16/2016

(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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