

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nancy Calhoun
 Name
 (2) 5061 Tillie Ln
 Address (number and street)
Tallahassee, FL 32305
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1126337]

Submitted on:
 9/12/2016 16:19:11 (eastern)

Check here if address has changed (3) ID Number: 439

(4) Check appropriate box(es):

Candidate Office Sought: Leon County Commission - District 2

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 9 / 3 / 2016 To 9 / 16 / 2016 Report Type: G2

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 \$, , 96 . 20

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 96 . 20

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

(9) TOTAL Monetary Contributions To Date
 \$, 3 , 130 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 3 , 130 . 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 Nancy Calhoun (2) I.D. Number 439

9/3/2016 through 9/16/2016

(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 Nancy Calhoun

(2) I.D. Number 439

(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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9/12/2016 / / 1	Suntrust Bank, 3575 Blair Stone Road Tallahassee, Fl 32301	maintenance fee for account	MO		\$12.00
9/12/2016 / / 2	Calhoun, Nancy L. 5061 Tillie Lane Tallahassee, Fl 32305	reimbursement for campaign cash contribution candidate to campaign.	MO		\$84.20
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