	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Donna Pearl Cotterell	OFFICE USE ONLY						
a a	Name	ONLINE SUBMISSION						
(2)	703 Osceola St	Submitted on:						
	Address (number and street)	8/5/2022 21:12:10 (eastern)						
	Tallahassee, FL 32310							
	City, State, Zip Code	(0) 12 11 1 2						
	Check here if address has changed	(3) ID Number: 678						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Leon County Coun	commission - District 1						
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	Check here if PC or ECO has disbanded						
	Party Executive Committee (PTY)  Check here if PTY has disbanded							
		☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	rer Period: From 7 / 2 / 2022 To	7 / 15 / 2022 Report Type: 22P3						
	Driginal	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
1 /	•	Monetary						
Casl	h & Checks \$ , , 0 . 00	Expenditures \$ , , 0 . 00						
Loar	ns \$ , , 0 . <u>00</u>	Transfers to						
		Office Account \$ , , , 0 . 00						
Tota	al Monetary \$ , , 0 . <u>00</u>	<u></u>						
		Total Monetary \$ , , 0 . 00						
In-Ki	(ind \$,,,							
	1	(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
7550	\$	\$, <u>5</u> , <u>916 . 40</u>						
	(11) Cert It is a first degree misdemeanor for any pers	tification						
1		, , ,						
I certify that I have examined this report and it is true, correct, and complete:								
_(T	ype name)	(Type name)						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		x						
	ignature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Cotterell (2) I.D. Number6								
(3) Cover Perio	7/2/2022 od///	thro	7 ugh	/15/2022 ///	(4) Pag	e <u>1</u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code		ntributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
J I								
1 1								
1 1								
J. I								
J I								
J I								
1 1								
/ /								

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

1) Name Donna	Pearl Cottere	11	REPORT – ITEMIZE	(2) I.D. Number		678
(3) Cover Period _	7/2/2022	7 / through	15/2022 _//	(4) Page1	of _	0
(5)	(7)		(8)	(9)	(10)	(11)
(6) Sequence Number	Full Na (Last, Suffix, F Street Add City, State,	irst, Middle) Iress &	Purpose (add office sought i contribution to a candidate)	f Expenditure Type	Amendment	Amount
//						
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