

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS**  
**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Patricia Sunday

Name

**(2)** 2706 Raintree Circle, Tallahassee, FL 32308

**Address (number and street)**

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number:

**(4) Check appropriate box(es):**

☒ Candidate (office sought): Leon County Superintendent of Schools

☐ Political Committee☐ CHECK IF PC HAS DISBANDED☐ Committee of Continuous Existence☐ CHECK IF CCE HAS DISBANDED☐ Party Executive Committee☐ Electioneering Communication☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 9/1/2006 To 9/15/2006 Report Type 06-G1

☒ Original      ☐ Amendment      ☐ Special Election Report      ☐ Independent Expenditure Report

## (6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	0.00
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Loans	\$	500.00
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Total Monetary	\$	500.00
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In-Kind	\$	128.45
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**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	84.72
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Transfers to Office		
Account	\$	0.00

Total Monetary	\$	84.72
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## (8) Other Distributions

\$	0.00
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**(9) TOTAL Monetary Contributions To Date**

\$ 6,200.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 5,449.37

## (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.

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(Type name)

(Type name)

☐ Individual (only for electioneering commun.)    ☐ Treasurer    ☐ Deputy Treasurer

☐ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Patricia Sunday (2) I.D. Number 140

9/15/2006

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page <sup>1</sup> of <sup>1</sup>

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type    Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
9/12/2006 <i>/ /</i>	Sunday, Patricia 2706 Raintree Circle Tall, FL 32308	I	candidate	LO			\$500.00
1							
9/11/2006 <i>/ /</i>	Sunday, Patricia 2706 Raintree Circle Tall, FL 32308	I	candidate	IK	stamps		\$112.32
2							
9/13/2006 <i>/ /</i>	Sunday, Patricia 2706 Raintree Circle Tall, FL 32308	I	candidate	IK	copy		\$16.13
3							
<i>/ /</i>							
<i>/ /</i>							
<i>/ /</i>							
<i>/ /</i>							
<i>/ /</i>							

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Patricia Sunday

(2) I.D. Number 140

(3) Cover Period 9/1/2006 through 9/15/2006

(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
9/7/2006 / /	Office Depot, Apal. Pky Tall, Fl 323301	copy	MO		\$36.34
1					
9/15/2006 / /	Office Depot, Apal. Pky Tall, Fl 32301	copy	MO		\$48.38
2					
/ /					
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/ /					
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