

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Priscilla Lee Whisenant Trace  
 Name  
 (2) PO Box 416  
 Address (number and street)  
Parrish, FL 34219  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1194186]  
 Submitted on:  
 11/6/2019 09:28:08 (eastern)

Check here if address has changed (3) ID Number: 1788

(4) Check appropriate box(es):  
 Candidate Office Sought: COUNTY COMMISSION - DIST. 1  
 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 / 2019 To 10 / 31 / 2019 Report Type: M10  
 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 \$        ,        , 7 . 95  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 7 . 95

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 1 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 85 . 90

### (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 Priscilla Lee Whisenant Trace (2) I.D. Number 1788

10/1/2019 through 10/31/2019

(3) Cover Period \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_ (4) Page 1 of 0

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|--|---------------------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Priscilla Lee Whisenant Trace

(2) I.D. Number 1788

(3) Cover Period 10/1/2019 through 10/31/2019

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 10/4/2019<br>//           | CenterState Bank,<br>12215 US Highway 301 N<br>Parrish, Fl 34219                               | bank service<br>fee  | MO                         |                   | \$7.95         |
| 1                         |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |
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| //                        |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |
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