

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carol Whitmore  
 Name  
 (2) 8324 Marina Dr  
 Address (number and street)  
Holmes Beach, FL 34217  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1248775]

Submitted on:  
 9/2/2021 16:35:54 (eastern)

Check here if address has changed

(3) ID Number: 1990

(4) Check appropriate box(es):

- Candidate Office Sought: COUNTY COMMISSION - DIST. 6 - AT LRG
- 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 8 / 1 / 2021 To 8 / 31 / 2021 Report Type: M8

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      , 10 , 200 . 00

Loans \$      , 1 , 000 . 00

Total Monetary \$      , 11 , 200 . 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

\$      , 18 , 410 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 0 . 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 Carol Whitmore (2) I.D. Number 1990  
 8/1/2021 through 8/31/2021  
 (3) Cover Period / / through / / (4) Page 1 of 2

(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
(6) Sequence Number						
8/4/2021 / /	CORTEZ ROAD INVESTMENT & FINAN, 35 WATERGATE DRIVE SARASOTA, FL 34236	B developmen t	CH			\$1,000.00
1						
8/4/2021 / /	GOBUTY, MARSHALL 35 WATERGATE DR. #806 SARASOTA, FL 34236	I developmen t	CH			\$1,000.00
2						
8/13/2021 / /	ALLEN, RONALD J 1001 3RD AVE. W. STE. 600 BRADENTON, FL 34205	I occ.constr uction mgr.	CH			\$1,000.00
3						
8/13/2021 / /	ALLEN, DAWN N 2822 RIVERVIEW BLVD. BRADENTON, FL 34205	I retired	CH			\$1,000.00
4						
8/13/2021 / /	HUGGINS, BONNIE H 366 GRAND CENTRAL AVE. SAFETY HAROR, FL 34695	I retired	CH			\$1,000.00
5						
8/13/2021 / /	HUGGINS, GARY L 366 GRAND CENTRAL AVE SAFETY HARBOR, FL 34695	I constructi oin mgr	CH			\$1,000.00
6						
8/24/2021 / /	LAKEWOOD RANCH MEDICAL CENER, 8330 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202	B medical provider	CH			\$1,000.00
7						
8/24/2021 / /	SECURING OUR COMMUNITY HOSPITA, 2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308	F pac	CH			\$1,000.00
8						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Carol Whitmore (2) I.D. Number 1990  
 8/1/2021 through 8/31/2021  
 (3) Cover Period / / through / / (4) Page 2 of 2

(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
(6) Sequence Number						
8/24/2021 / /	MANATEE MEMORIAL HOSP., 206 2ND ST.E. BRADENTON, FL 34208	B medical provider	CH			\$1,000.00
9						
8/26/2021 / /	STEPHANY, INC, 811 PARADISE WAY SARASOTA, FL 34242	B developmen t	CH			\$1,000.00
10						
8/27/2021 / /	GLASS, MARY 6463 GOLDEN LEAF CT. LAKEWOOD RANCH, FL 34202	I president non-profit	CH			\$200.00
11						
8/27/2021 / /	Whitmore, Carol PO Box 1992 Holmes Beach, Fl 34218	I rn/county comm.	LO			\$1,000.00
12						
/ /						
/ /						
/ /						
/ /						
/ /						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carol Whitmore

(2) I.D. Number 1990

(3) Cover Period 8/1/2021 through 8/31/2021

(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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