

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Manal Fakhoury
 Name
 (2) PO Box 4428
 Address (number and street)
Ocala, Fl 34478-4428
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1248500]

Submitted on:
 8/17/2021 10:27:18 (eastern)

Check here if address has changed (3) ID Number: 601

(4) Check appropriate box(es):

Candidate Office Sought: Mayor Ocala

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 7 / 1 / 2021 To 7 / 31 / 2021 Report Type: M7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, -1 , 000 . 00

Loans \$, , 0 . 00

Total Monetary \$, -1 , 000 . 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
 \$, 41 , 241 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 23 , 686 . 55

(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 Manal Fakhoury (2) I.D. Number 601

(3) Cover Period 7/1/2021 through 7/31/2021 (4) Page 1 of 1

(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
7/20/2021 / /	Fakhoury Medical+Chiropractic P.O Box 4428 Ocala, FL 34478	B	medical practice	CH		Delete	\$1,000.00
1							
7/20/2021 / /	Fakhoury Medical+Chiropractic P.O Box 4428 Ocala, FL 34478	B	medical practice	CH		Add	\$0.00
2							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Manal Fakhoury

(2) I.D. Number 601

(3) Cover Period 7/1/2021 through 7/31/2021

(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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