

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Barbara Fitos  
 Name  
 (2) 926 SE 12th Street  
 Address (number and street)  
Ocala, Fl 34471  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1252766]

Submitted on:  
 12/17/2021 10:49:26 (eastern)

Check here if address has changed

(3) ID Number: 603

(4) Check appropriate box(es):

- Candidate Office Sought: City Council - 4 - Special Election Ocala
- 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 9 / 17 / 2021 To 12 / 20 / 2021 Report Type: TR-G

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 \$        , 2 , 045 . 93

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 2 , 045 . 93

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 8 , 350 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 8 , 350 . 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 Barbara Fitos (2) I.D. Number 603

9/17/2021 through 12/20/2021

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

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

(1) Name Barbara Fitos

(2) I.D. Number 603

(3) Cover Period 9/17/2021 through 12/20/2021

(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
(6) Sequence Number					
10/4/2021 //	Fitos, Barbara Robinson 926 SE 12th Street Ocala, FL 34471	reimburse loan to campaign 7/27/21	RM		\$2,000.00
1					
11/30/2021 //	Estella Bryd Whitman Wellness , 819 NW 7th Street Ocala, FL 34475	donation	DI		\$1,000.00
2					
10/30/2021 //	Regions Bank, 612 East Silver Springs Blvd Ocala, FL 34470	monthly service charge for campaign checking account	MO		\$7.00
3					
11/30/2021 //	Regions Bank, 612 East Silver Springs Blvd Ocala, FL 34470	monthly service charge for campaign checking account	MO		\$7.00
4					
12/15/2021 //	Fitos, Barbara Robinson 926 SE 12th Street Ocala, FL 34471	balance to close checking acct, reimburse personal expenditure for petition	RM		\$31.93
5					
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