

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Graham Fountain
 Name
 (2) PO Box 183
 Address (number and street)
Crestview, FL 32536
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1223694]

Submitted on:
 8/7/2020 11:46:30 (eastern)

Check here if address has changed (3) ID Number: 618

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner, Dist. 1

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 8 / 1 / 2020 To 8 / 13 / 2020 Report Type: P7

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 \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 131 , 485 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 131 , 485 . 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 Graham Fountain (2) I.D. Number 618

(3) Cover Period 8/1/2020 through 8/13/2020 (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 Graham Fountain

(2) I.D. Number 618

(3) Cover Period 8/1/2020 through 8/13/2020

(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
8/7/2020 / /	NWFSC Foundation Inc, 100 College BLVD East Niceville, Fl 32578	charitable donation for final funds distribution	DI	Add	\$1,000.00
1					
8/7/2020 / /	FCA Emerald Coast Inc, 27 Maple Street Shalimar, Fl 32579	charitable donations for dispo of funds	DI	Add	\$500.00
2					
8/7/2020 / /	STAR Charities Inc., Brian #50 2nd Avenue C/O Okaloosa County Sheriff Shalimar, Fl 32579	charity donation for funds distribution	DI	Add	\$806.78
3					
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