

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) Debbie Hannifan

Name

(2) 848 Orange Park Ave.

Address (number and street)

Lakeland, FL 33801

City, State, Zip Code

Check here if address has changed

(3) ID Number: 144

(4) Check appropriate box(es):

Candidate Office Sought: Supervisor of Elections

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 1 / 2019 To 12 / 31 / 2019 Report Type: M12

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 \$, , 200 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 200 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 5 , 570 . 18

(10) TOTAL Monetary Expenditures To Date

\$, 3 , 702 . 85

(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 Debbie Hannifan (2) I.D. Number 144

12/1/2019 through 12/31/2019

(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 Debbie Hannifan

(2) I.D. Number 144

(3) Cover Period 12/1/2019 through 12/31/2019

(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					
12/8/2019 //	Dutkiewicz, Lisa P.O. Box 46852 Tampa, FL 33646	consulting	MO		\$200.00
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