| | CAMPAIGN TREASURE | R'S REPORT SUMMARY |
|-------|---|--|
| (1) | Anita Burnette | OFFICE USE ONLY |
| ` ' | Name | ONLINE SUBMISSION |
| (2) | P.O. Box 290001 | [1199398] Submitted on: |
| | Address (number and street) | 2/9/2020 09:52:17 (eastern) |
| | Port Orange, FL 32129 | |
| | City, State, Zip Code | |
| | Check here if address has changed | (3) ID Number:610 |
| (4) | Check appropriate box(es): | |
| | Candidate Office Sought: School Board | Member, District 2 |
| | ☐ 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 | ☐ Check here if no other IE or EC reports will be filed |
| | individual making electioneering communications) | |
| | (5) Report | dentifiers |
| Cove | er Period: From $1 / 1 / 2020$ To | |
| X O | | ecial Election Report |
| | | T |
| (6) | Contributions This Report | (7) Expenditures This Report |
| Casl | h & Checks \$,, <u>800</u> . <u>34</u> | Monetary |
| Loar | s , , , | Transfers to Office Account \$, , 0 . 00 |
| Tota | Monetary \$,, <u>800</u> . <u>34</u> | Total Monetary \$, , 25 . 46 |
| In-Ki | ind \$, , 5.35 | , |
| | ······································ | (8) Other Distributions |
| | | \$,,,000 |
| (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date |
| | \$ | \$,, <u>236</u> 10 |
| | | |
| | | tification on to falsify a public record (ss. 839.13, F.S.) |
| Ιc | certify that I have examined this report and it is true, corr | |
| (T | ype name) | (Type name) |
| | Individual (only for IE Treasurer Deputy Treasurer electioneering comm.) | ☐ Candidate ☐ Chairperson (only for PC and PTY) |
| Х | | × |
| | gnature | Signature |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | nita Burnett | e | | | | 610 | | | |
|------------------|--------------|---|---------|-------|------|----------|---|-----------|--|
| | 1/1/2020 | | | 1/31/ | 2020 | | | | |
| (3) Cover Period | l / | 1 | through | 1 | 1 | (4) Page | 1 | of 1 | |

| (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | C Type | (8) contributor | (9) Contribution Type | (10) In-kind Description | (11) | (12) Amount |
|------------------------------|--|-----------|------------------|-----------------------|-------------------------------------|------|-------------|
| 1/10/2020 | Miles, Steve 33 Forest View Way Ormond Beach, FL 32174 | I | physician | СН | Description | | \$250.0 |
| 1/13/2020 / / | Klioze, Scott ***Protected Voter*** | I | physician | СН | | | \$300.0 |
| 1/17/2020 | Yuschok, Thomas I 162 Laurelwood Lane Ormond Beach, FL 32174 | I | physician | СН | | | \$250.0 |
| 1/31/2020 | Vystar Credit Union, PO Box 44156 Jacksonville, FL 32231 | В | bank interest | IN | | | \$0.3 |
| 1/17/2020 / / | Burnette, Anita 3443 Country Walk Dr. Port Orange, FL 32129 | S | radiograph er | ı IK | stationary , mailing supplies | | \$5.3 |
| 1 1 | | | | | | | |
| 1 1 | | | | | | | |
| 1 1 | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name _A | nita | Burnett | e | | | 74. 110 | (2) I.D. Nur | nber | 6 | 510 | |
|--------------|-------|---------|----|---------|--------|---------|--------------|------|----|-----|--|
| | | 1/1/20 | 20 | | 1/31/2 | 020 | | - | | | |
| (3) Cover Pe | eriod | 1 | 1 | through | 1 | 1 | (4) Page | 1 | of | 1 | |

| (5) | (7) | (8) | (9) | (10) | (11) |
|---------------------------|---|---|---------------------|-----------|---------|
| (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
| 1/2/2020 | Vintage Paper Company LLC, 3818 S Nova Rd Suite C Port Orange, FL 32127 | name badge | МО | | \$13.31 |
| 1/18/2020 | US Post Office, 725 Dunlawton Ave. Port Orange, FL 32127 | stamps and postage | МО | | \$12.15 |
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