

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Barbara Bonarrigo

Name

(2) 10 Clydesdale Drive

Address (number and street)

Ormond Beach, FL 32174

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 939

OFFICE USE ONLY

ONLINE SUBMISSION

[1327878]

Submitted on:

8/26/2024 18:06:25 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: Ormond Beach Commission Zone 3

☐ 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 8 / 24 / 2024 To 9 / 6 / 2024 Report Type: G2

☒ 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 \$, 1 , 000 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 1 , 000 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 25 , 764 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 24 , 371 . 08

(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 Bonarrigo (2) I.D. Number 939
8/24/2024 9/6/2024
 (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 Bonarrigo

(2) I.D. Number 939

(3) Cover Period 8/24/2024 through 9/6/2024

(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
8/24/2024 / /	Second Chance Rescue, 36 Belton Circle Abbeville , SC 29620	ein#20-4578117	MO		\$1,000.00
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