

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

[1331289]

Submitted on:

9/19/2024 09:49:09 (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 6 / 1 / 2024 To 6 / 14 / 2024 Report Type: P1

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 256 . 05

Loans \$, , 0 . 00

Total Monetary \$, , 256 . 05

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

\$, 26 , 389 . 05

(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

6/1/2024

6/14/2024

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 1

(5) Date	(7)	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount
6/4/2024 / / 1	Kiotze, Andria **** undisclosed address *** Ormond Beach, FL 32174	I	physician	CH		Add	\$250.00
6/5/2024 / / 2	bonarrigo, Frank 185 rainbow trout lane ponte vedra, FL 32081	I		CH		Add	\$6.05
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Barbara Bonarrigo

(2) I.D. Number 939

(3) Cover Period 6/1/2024 through 6/14/2024

(4) Page 1 of 0

(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
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