	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Dr. Carolynn Zonia	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	620 Flatwoods Forest Loop	Submitted on:								
	Address (number and street)	10/5/2020 15:18:55 (eastern)								
	Santa Rosa Beach, FL 32459  City, State, Zip Code									
	☐ Check here if address has changed	(3) ID Number: 476								
(4)		(3) ID Number: 476								
(4)	A) Check appropriate box(es):    Candidate Office Sought: County Commissioner, District 5   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 individual making electioneering communications)									
	(5) Report	Identifiers								
Cove	er Period: From 9 / 19 / 2020 To									
<u>X</u> 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , <u>635</u> . <u>00</u>	Monetary								
Loar	<del></del>	Transfers to Office Account \$ , , 0 . 00								
Tota	I Monetary \$ , , 635 . 00	Total Monetary \$ , , <u>180</u> . <u>91</u>								
In-Ki	nd \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$\[ \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
(T)	(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  Treasurer Deputy Treasurer or electioneering comm.)  (Type name)  Candidate Chairperson (only for PC and PTY)									
X Si	gnature	X Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Carolynr	Zonia		(2) I.D. Number 476						
	9/19/20	20		10/2/2	2020					
(3) Cover Period	T	1	through	1	1	(A) Page	1	of	1	

(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor		(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	A STATE OF THE PROPERTY OF THE PARTY OF THE	Contribution Type	In-kind Description	Amendment	Amount
9/30/2020	Finley, Anna 334 Cherie Court Fort Walton Beach, FL 32458	Í	retired	СН	·		\$10.0
10/1/2020	Byrne Riley, Judy 1501 Bayshore Niceville, FL 32578	I	retired	СН			\$25.0
10/1/2020	WSBZ-FM, 1306 Bay Drive Santa Rosa Beach, FL 32459	0	refund 5/23paymer t	CH			\$600.0
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name <u>Dr.</u>	Carolynn :	Zonia				(2) I.D.	Number_		476	
	9/19/20	20		10/2/20	20					
(3) Cover Period	1	1	through	1	1	(4) Pag	e 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
9/28/2020	Constant Contact, 1601 Trapelo Road, Suite 329 Waltham, MA 02451	email list	MO		\$95.00
9/29/2020	Facebook, 1 Facebook Way Menlo Park, CA 94025	facebook ads	MO		\$75.00
10/1/2020	Facebook, 1 Facebook Way Menlo Park, CA 94025	ads	МО		\$10.91
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