CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Carolynn Zonia	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1186301]						
(2) 620 Flatwoods Forest Loop	Submitted on:						
Address (number and street) Santa Rosa Beach, FL 32459	4/2/2019 18:35:39 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 476						
(4) Check appropriate box(es):							
Candidate Office Sought: <u>County Commis</u>	ssioner, District 5						
 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 <u>3</u> / <u>1</u> / <u>201</u> 9 To	3/ 31/ 2019 Report Type:M3						
🖾 Original 🗌 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,1 , <u>475</u> . <u>00</u>	Monetary Expenditures \$, , , 0 . 00						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,0 . 00						
Total Monetary \$	Total Monetary \$,,,0.						
In-Kind \$, <u>107</u> . <u>56</u>							
	(8) Other Distributions \$,,000_						
	· · · · · · · · · · · · · · · · · · ·						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>1</u> , <u>475</u> . <u>00</u>	\$,, <u>0</u> . <u>00</u>						
(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)						
V	x						
X	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Carolynn Zonia</u>			(2) I.D. Number						
	3/1/2019	3/31/2019							
(3) Cover Per	iod / /	thro	ough	11	(4) Page)	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
(0) Sequence Number	Street Address & City, State, Zip Code		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
3/8/2019 / /	Zonia, Carolynn 620 Flatwoods Forest Loop Santa Rosa Beach, FL 32459		physician	СН	this is a loan candidate made to her campaign	7 unoreanterix	\$1,000.0		
3/20/2019 / / 2	Herring, Samantha H. PO Box 1404 Santa Rosa Beach, FL 32459	I	ceo	СН			\$100.0		
3/20/2019 / / 3	Griffin, Carl F. 399 Old Ferry Road Santa Rosa Beach, FL 32459	I	event promoter	СН			\$25.0		
3/20/2019 / /	Jordan, Margie A. 264 Via Largo Santa Rosa Beach, FL 32459	I	retired	СН			\$50.0		
3/20/2019 / / 5	Cork, Elizabeth F. 22 S. Founders Lane Watersound, FL 32461	I	retired	СН			\$300.0		
3/25/2019 / / 6	Zonia, Carolynn 620 Flatwoods Forest Loop Santa Rosa Beach, FL 32459	I	physician	IK	office supplies, including business cards, stamps,		\$107.5		
1 1									
/ /									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name <u>Carolynn Zonia</u> (2) I.D. Number 476								
	3/1/2019 I/through_	3/31/2019	(4) Page <u>1</u>		0			
				No.				
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)			
(6) Sequence Number	City, State, Zip Code	Purpose (add office sough contribution to a candidate)	t if a Expenditure Type	Amendment	Amount			
_ / /								
_/ /								
_/ /								
11								
_/ /								

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES