| 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) | 8/17/2020 15:39:55 (eastern) | | | | | | | |
| | Santa Rosa Beach, FL 32459 City, State, Zip Code | | | | | | | | |
| | Check here if address has changed | (3) ID Number: 476 | | | | | | | |
| (4) | Check appropriate box(es): | (6) 15 1141115611 | | | | | | | |
| (-, | ☐ Candidate Office Sought: County Commissioner, District 5 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if no other IE or EC reports will be filed | | | | | | | | |
| | (5) Report | dentifiers | | | | | | | |
| Cove | er Period: From 7 / 25 / 2020 To | | | | | | | | |
| | riginal Amendment Spe | ecial Election Report | | | | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | | | | |
| Casl | n & Checks \$, , ,000 | Monetary | | | | | | | |
| Loar | | Transfers to Office Account \$, , , 0 . 00 | | | | | | | |
| Tota | I Monetary \$, ,000 | Total Monetary \$, , 0 . 00 | | | | | | | |
| In-Ki | and \$,,,000 | | | | | | | | |
| | | (8) Other Distributions \$, , 000_ | | | | | | | |
| (9) | (9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc | | | | | | | | |
| (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 or electioneering comm.) Deputy Treasurer or electioneering comm.) Chairperson (only for PC and PTY) | | | | | | | | |
| X | | X | | | | | | | |
| Si | gnature | Signature | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | Dr. Carolynn Zonia | | (2) I.D. Number476 | | | | | |
|------------------------------|--|-----------------------------------|-----------------------|--------------------------|------|---------|--|--|
| | 7/25/2020 od// | 7 | 7/31/2020 | | | | | |
| (5) Date (6) Sequence Number | (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) | (12) | | |
| 7/26/2020 | LaPlante, Robert 149 Seacrest Drive Seacrest, FL 32461 | I retiredte cher | a CH | | Add | \$25.0 | | |
| 7/26/2020 | LaPlonte, Robert 149 Sun Crest Drive Seacrest, FL 32423 | I unknown | СН | | Add | \$-25.0 | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name <u>Dr</u> | • | Carolynn Z | Zonia | 20 may | | 200 VSA PAR 1000/200 SAN-1000/20 | (2) I.D. Nu | mber | 4 | 476 | 300 |
|--------------------|----|------------|-------|---|--------|----------------------------------|-------------|------|----|-----|-----|
| | | 7/25/20 | 20 | | 7/31/2 | 020 | * * | | | | |
| (3) Cover Peri | OC | d | / | through | | | (4) Page _ | 1 | of | 0 | |

| (5) Date | (7) Full Name | (8) | (9) | (10) | (11) |
|---------------------------|--|---|---------------------|-----------|--------|
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
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