CAMPAIGN TREASURE	391 4111			
(1) Debra A. Gunnoe.	6495 CAROLINE STEELES USE ONLY			
	11 AM 9 04			
Address (number and street) Nowarre FL 325766				
City, State, Zip Code				
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es): ☐ Candidate Office Sought: ☐ 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			
_	Identifiers 2014			
Cover Period: From 08/02/14 To				
C. Original	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,, <u>40.00</u>	Monetary Expenditures \$, , 400 00			
Loans \$, <u>500</u> · <u>00</u>	Transfers to Office Account \$,,			
Total Monetary \$,,	Total Monetary \$,			
	(8) Other Distributions \$,,			
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$. 3-640-8 4097.87			
(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, corr	rect, and complete:			
(Type name) COTO A. CUNVOC ☐ Individual (only for IE	(Type name) Condidate Chairperson (only for PC and PTY)			
x Olbra De Gunse	x Obrall Genroe			
Signature	Signature			

CAMPAIGN TREASURER'S REPORT – ITEM ZED EXPENDITURES (1) Name Debro A. Gunnoe (2) I.D. Number (2)									
(3) Cover Period	d <u>08/02/14</u> through <u>08/</u>	08,14	(4) Page	<u>l</u> of				
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sou contribution t candidate)	þα	(9) Expenditure Type	(10) Amendment	(11) Amount			
08/00/14	Navarre Pressor 7502 Harvest Village Court Navarre FL 32566	campaig	U .	Mon		\$400.00			
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Debra A. Gur	100	<u> </u>		(2) I.D. Number		+
(3) Cover Period	108102114	throu	gh <u>08</u> /	08/1	<u>4</u> (4) Page		of <u>(</u>
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution	on In-kind Description	(11) Amendment	(12)
1	2143 Chotsworth A Nowberre FL 32566	5	Relired	Loa			500.00
2	Gary Bell 1910 Advance School 76271 Novarre FL 32560	エ		CAS	>		\$40.00
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES