

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Debra A. Gunnoe  
 Name  
 (2) 2143 Chatsworth Drive  
 Address (number and street)  
Navarre FL 32566  
 City, State, Zip Code

SUPERVISOR OF ELECTIONS  
 OFFICE USE ONLY  
 6495 CAROLINE ST., STE. F  
 MILTON, FL 32570-4592

2014 SEP 25 PM 3 11

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: SRC School Board, District 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 08/22/14 To 09/25/14 Report Type: TR-P

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0  
 Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 0  
 In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 0

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 222.95  
 Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, 0  
 Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 222.95

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, 0

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 7,565.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 7,565.00

### (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) DEBRA A. GUNNOE  
Debra A. Gunnoe

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

x Debra A. Gunnoe  
 Signature

(Type name) DEBRA A. GUNNOE  
Debra A. Gunnoe

Candidate  Chairperson (only for PC and PTY)

x Debra A. Gunnoe  
 Signature

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Debra A. Gunnoe

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 08/22/14 through 09/25/14

(4) Page 1 of 1

(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
(6) Sequence Number					
9/25/14	Debra A. Gunnoe 2143 Chatsworth Dr Naples FL 32506	Reimburse candidate	DIS		222.95
1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					