

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ERICKA YOLANDA DUNLAP

Name

(2) PO BOX 551245

Address (number and street)

ORLANDO, FL 32805

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

ORL CITY CLERK
AUG 10 '17 PM 2:25

(4) Check appropriate box(es):

Candidate Office Sought: CITY COMMISSIONER DISTRICT 5

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 07 / 01 / 2017 To 07 / 31 / 2017 Report Type: M07

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 450.00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 450.00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1,305 . 12

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , 1,305 . 12

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 14,910 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 7,966 . 17

(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) ELLIOTT BARBER

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

X Elliott Barber
Signature

(Type name) ERICKA YOLANDA DUNLAP

Candidate Chairperson (only for PC and PTY)

X Ericka Dunlap
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ERICKA YOLANDA DUNLAP (2) I.D. Number _____

(3) Cover Period 07 / 01 / 2017 through 07 / 31 / 2017 (4) Page 1 of 1

(5) Date	(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) Amendment	(12) Amount
(6) Sequence Number							
07 / 07 / 2017 01	SHIELDS, SHAKEBA DR 832 MONOPOLY CT ORLANDO, FL 32824	I	TEACHER	CHE			\$150.00
07 / 16 / 2017 02	LYNUM, DAISY 411 ROCK LAKE DR ORLANDO, FL 32805	I	RETIRED	CHE			\$150.00
07 / 21 / 2017 03	REED, GEORGE PO BOX 83 BROWNSVILLE, KY 42210	I	ENTERTAINER	CHE			\$150.00
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ERICKA YOLANDA DUNLAP

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 2017 through 07 / 31 / 2017

(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					
07 / 01 / 2017 +	GOTV	CITY COMMISSIONER DISTRICT 5	CAN		\$69.72
01					
07 / 07 / 2017 +	ACH FEES	CITY COMMISSIONER DISTRICT 5	CAN		\$10.40
02					
07 / 01 / 2017 +	CITY OF ORLANDO 400 S ORANGE AVE 2ND FLOOR ORLANDO, FL 32801	PETITION VERIFICATION FEE	CAN		\$22.90
03					
07 / 18 / 2017 +		ONLINE PAYMENT REFUND DUPLICATE ON LINE DONATION	CAN		\$150.00
04					
07 / 19 / 2017 +	CITY OF ORLANDO 400 S ORANGE AVE 2ND FLOOR ORLANDO, FL 32801	PETITION VERIFICATION FEE	CAN		\$49.00
05					
07 / 24 / 2017 +	CITY OF ORLANDO 400 S ORANGE AVE 2ND FLOOR ORLANDO, FL 32801	PETITION VERIFICATION FEE	CAN		\$3.10
06					
07 / 24 / 2017 +	L BUSINESS SERVICES	CONSULTING	CAN		\$1,000.00
07					
/ /					