

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carol Womack
 Name
 (2) 17049 Lakeside Dr.
 Address (number and street)
Montverde, Fl. 34756
 City, State, Zip Code

OFFICE USE ONLY

1-29-25

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Town Council
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- 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 Identifiers

Cover Period: From 11 / 01 / 24 To 02 / 03 / 2025 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , , .

Loans \$ 0 , , .

Total Monetary \$ 0 , , .

In-Kind \$ 0 , , .

(7) Expenditures This Report

Monetary Expenditures \$ 0 , , .

Transfers to Office Account \$ 0 , , .

Total Monetary \$ 0 , , .

(8) Other Distributions

\$ _____ , _____ , 953 . 28 _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3 , 500 00 _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2 , 563 22 _____

(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.) Treasurer Deputy Treasurer

X

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

Carol Womack

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carol Womack

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 24 through 02 / 03 / 25

(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
// /	Womack, Carol 17049 Lakeside Dr., Montverde, 34756	Reimbursement of unspent funds	RMB		937.28
// /					
// /					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CAROL WOMACK (2) I.D. Number _____

(3) Cover Period 11 / 01 / 24 through 02 / 03 / 25 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carol Womack

Name

(2) 17049 Lakeside Dr.

Address (number and street)

Montverde, Fl., 34756

City, State, Zip Code

Check here if address has changed

(4) Check appropriate box(es):

Candidate Office Sought: Town Council Member

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

(3) ID Number: _____

OFFICE USE ONLY

10/31/24

(5) Report Identifiers

Cover Period: From 10/19/24 To 11/01/24 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 270. 00

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 2, 200. 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1, 622. 63

(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.) Treasurer Deputy Treasurer

X
Signature

Carol Womack

Candidate Chairperson (only for PC and PTY)

X *Carol Womack*
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name: Carol Womack

(2) I.D. Number _____

(3) Cover Period: 10/ 19 /24 through 11/01/24

(4) Page _____ of _____

(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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/ /							
/ /							
/ /							
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/ /							
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CAMPAIGN TREASURER'S REPORT SUMMARY

Carol Womack

(1) _____

17045 Lakeside Dr.

Montverde, Fl. 34756

OFFICE USE ONLY

10/24/24

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: _____

Political Committee (PC)

Electioneering Communications Org. (ECO)

Check here if PC or ECO has disbanded

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 Identifiers

Cover Period: From 10 / 05 / 24 To 10 / 18 / 24 Report Type: _____

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1,352 . 63 _____

(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)

(Type name) Carol Womack


Individual (only for IE) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC and PTY)

or electioneering comm.)

X

Signature

X 
Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

Instructions for Campaign Treasurer's Report Summary

- (1) **Name:** full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.
- (2) **Address:** the full address or post office box, city, state, and zip code.
Check the box if the address has changed since the last report filed.
- (3) **ID Number:** identification number assigned by the filing officer.
- (4) **Check the appropriate box(es).**
- (5) **Report Identifiers**
Cover Period: the dates this report covers (i.e., From 1/1/15 To 1/31/55). **Important:** use the appropriate cover period dates as published by the filing officer.
Report Type: refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a **special election** add "S" in front of the report code (i.e., SG3).
Check one of the appropriate boxes:
Original: first report filed for this reporting period.
Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A.
Special Election Report: **Important:** once a special election report is filed, the entity is required to file all remaining reports due for the special election.
- (6) **Contributions This Report:**
Cash and Checks: total amount for this reporting period.
Loans: total amount for this reporting period.
Total Monetary: sum of Cash and Checks and Loans.
In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.
- (7) **Expenditures This Report:**
Monetary Expenditures: total amount of monetary expenditures for this reporting period.
Transfers to Office Account: total amount transferred to an office account by elected candidates only.
Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.
- (8) **Other Distributions:** the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.
- (9) **TOTAL Monetary Contributions To Date:** the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.
- (10) **TOTAL Monetary Expenditures To Date:** the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.
- (11) **Type or print the required officer's name and have them sign the report:**
Candidate report: treasurer and candidate must sign.
PC report: treasurer and chairperson must sign.
PTY report: treasurer and chairperson must sign.
ECO report: organization's treasurer must sign.
IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name: Carol Womack

(2) I.D. Number _____

(3) Cover Period 10 / 05 / 24 through 10 / 18 / 24 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type			
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CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carol Womack
 Name
 (2) 17049 Lakeside Dr.
 Address (number and street)
Montverde, FL., 34756
 City, State, Zip Code

OFFICE USE ONLY

10/8/24

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|---|---|
| <p><input checked="" type="checkbox"/> Candidate Office Sought: _____</p> <p><input type="checkbox"/> Political Committee (PC)</p> <p><input type="checkbox"/> Electioneering Communications Org. (ECO)</p> <p><input type="checkbox"/> Party Executive Committee (PTY)</p> <p><input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications)</p> | <p><input type="checkbox"/> Check here if PC or ECO has disbanded</p> <p><input type="checkbox"/> Check here if PTY has disbanded</p> <p><input type="checkbox"/> Check here if no other IE or EC reports will be filed</p> |
|---|---|

(5) Report Identifiers

Cover Period: From 09 / 21 / 24 To 10 / 04 / 24 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2,200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1,352 . 63

(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.) Treasurer Deputy Treasurer

X _____

Signature

(Type name) **Carol Womack**

Candidate Chairperson (only for PC and PTY)

X  _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Carol Womack (2) I.D. Number _____

(3) Cover Period 09.21,24 / _____ through 10.04,24 / _____ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carol Womack

(2) I.D. Number _____

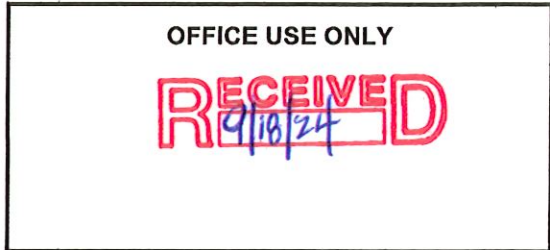
(3) Cover Period 09.21,24 / _____ through 10.04,24 / _____

(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					
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CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carol Womack
 Name
 (2) 17049 Lakeside Dr.
 Address (number and street)
Montverde, Fl. 34156
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Montverde Town Council
 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 09 / 07 / 24 To 09 / 20 / 24 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 150 . 00
 Loans \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ . _____
 In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 366 . 00
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , 366 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 352 . 63

(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.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Carol Womack
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Carol Womack (2) I.D. Number _____

(3) Cover Period 09 / 07 / 24 through 09 / 20 / 24 (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
09 / 10 / 24	Denise Encinosa 2200 Hibiscus Dr. Longwood, FL 32779	B	Self employed	CAS	MVD		150
/ /							
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carol Womack

(2) I.D. Number _____

(3) Cover Period 09 / 10 / 24 through 09 / 20 / 24

(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					
09 / 16 / 24	USPS,COM	Campaign	CAN		216.09
09 / 11 / 24	Town of Montverde 17404 Sixth St, Montverde Fl, 24756	Campaign	CAN		150.00
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carol Womack
 Name
 (2) 17049 Lakeside Dr.
 Address (number and street)
Montverde, Fl. 34756
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Montverde Town Council
- 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 / 24 / 2024 To 09 / 06 / 2024 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 416 . 85

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 986 . 63

(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.) Treasurer Deputy Treasurer

X

Signature

(Type name)

Carol Womack

Candidate Chairperson (only for PC and PTY)

Carol Womack

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

8/28/24

(1) CAROL WOMACK
Name

(2) 17049 LAKESIDE DR.
Address (number and street)

MONTGOMERY, AL 36156
City, State, Zip Code

Check here if address has changed

(3) ID Number: 2024-02

(4) Check appropriate box(es):

Candidate Office Sought: Town Council

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 8/30/24 To 8/30/24 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 2,200.00

Loans \$ 0, 0, 0.00

Total Monetary \$, 2,200.00

In-Kind \$ 0, 0, 0.00

(7) Expenditures This Report

Monetary Expenditures \$, 629.78

Transfers to Office Account \$ 0, 0, 0.00

Total Monetary \$, 629.78

(8) Other Distributions

\$ 0, 0, 0.00

(9) TOTAL Monetary Contributions To Date

\$, 2,200.00

(10) TOTAL Monetary Expenditures To Date

\$, 629.78

(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) CAROL WOMACK

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

X Carol Womack
Signature

(Type name) CAROL WOMACK

Candidate Chairperson (only for PC and PTY)

X Carol Womack
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CAROL WOMACK

(2) I.D. Number 2024-02

(3) Cover Period 8/20/24 through 8/30/24

(4) Page 2 of 3

(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
8/20/24	CAROL WOMACK 17019 LAKOSIDE MONTVERDE, FL 34761	S S	SELF	CHE CHE			\$200.00
8/22/24	SEE ABOVE	S S	SELF	CAS CAS			\$500.00
8/27/24	SEE ABOVE	S	SELF	CHE CHE			\$1500

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name CAROL WORNACK

(2) I.D. Number 2024-02

(3) Cover Period 8/20/24 through 8/30/24

(4) Page 3 of 3

(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
8/20/24	TOWN OF MONTICELLO	REG. FEE	CAN		\$60
8/22/24	DELIVERY SIGNS 40 W. CRYSTAL LAKE ST. SUITE #100 ORLANDO FL 32806	CAMPAIGN SIGNS	CAN.		\$629.78
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					