	CAMPAIGN TREASURER'S REPORT SUMMARY				
(1)	Carol Womack	OFFICE USE ONLY			
(0)	Name	1 20 3			
(2)	17049 Lakeside Dr. Address (number and street)	1-29-25			
	Montverde, Fl. 34756				
	City, State, Zip Code	L			
	Check here if address has changed	(3) ID Number:			
(4)	Party Executive Committee (PTY)	☐ 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			
	☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other is of SC reports will be filed			
	(5) Report	Identifiers			
Cov	er Period: From 11 / 01 / 24 To	TD			
□ o	original Amendment Spe	ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
Casl	h & Checks \$ 0 , ,	Monetary Expenditures \$ 0 , ,			
Loar	\$ 0 , ,	Transfers to Office Account \$ 0 , , .			
	I Monetary \$ 0 , ,	Total Monetary \$ 0 ,,			
In-Ki	nd \$ <u>0</u> , ,	(0) Other Diet-ib-tile-			
		(8) Other Distributions \$, , 953.			
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
	\$,3 , 50000	\$, <u>2</u> ,563 22			
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
10	ertify that I have examined this report and it is true, corr	Anal his ork			
	ype name) Individual (only for IE	(Type name) CAROC WO M ACK ☐ Candidate ☐ Chairperson (only for PC and PTY)			
	electioneering comm.)	au Womall			
	gnature	Signature			

(1) Name Carol			2) I.D. Number		
(3) Cover Perio	od 11 / 01 / 24 through 02	/	4) Page	of_	
(5) Date (6) Sequence Number	(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)	(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	/	through	/	03 /	(4) Page	1	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contrit Type Oc		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12)
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DS-DE 13 (Rev. 11/13)

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Carol Womack	OFFICE USE ONLY
` '	Name	
(2)	17049 Lakeside Dr.	- Infailad
	Address (number and street)	10/31/24
	Montverde, Fl., 34756	
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
		Member
	Political Committee (PC)	Objects from 16 DO on EOO has dishanded
	☐ Electioneering Communications Org. (ECO) [☐ Party Executive Committee (PTY) [☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded
	Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	•
	(5) Report	Identifiers
Cov	er Period: From 10/ 19/24 To	
X O	Original Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
- •		Monetary
Casl	h & Checks \$,	Expenditures \$,, <u>270</u> . <u>00</u>
Loar	ns \$,	Transfers to
		Office Account \$, ,
Tota	ll Monetary \$, ,	
		Total Monetary \$,
In-Ki	ind \$,,	
		(8) Other Distributions
		\$,
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$	\$ <u>, 1, 622</u> . <u>63</u>
	(11) Cert It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)
1.0	certify that I have examined this report and it is true, corn	
	that that oxammod the report and the that, con-	1
	ype name)	Carol Womack
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Chairperson (only for PC and PTY)
		(!)
X		x (My Nombell
Si	gnature	Signature

1) Name: Carol Womack (2) I.D. Number					
Cover Period_	<u>10 / 19 /24</u> through	11/ 01 /24	4) Page	of _	
(5) Date (6) Sequence Number	(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)	(11) Amount
10 25 24	Pens.com	MVD	CAN		270.00
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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	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURE	ER'S REPORT SUMMARY
Carol Womack	OFFICE USE ONLY
17045 Lakeside Dr.	10/24/24
Montverde, Fl. 34756	
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es): X Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded
Party Executive Committee (PTY) hdependent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if PTY has disbanded
(5) Repor	t Identifiers
Cover Period: From 10 / 05 / 24 To	10 / 18 / 24 Report Type:
x Original Amendment Sp	ecial Election Report
(6) Contributions This Report Cash & Checks \$,	(7) Expenditures This Report Monetary Expenditures \$, , .
Loans \$, , .	Transfers to Office Account \$, , .
Total Monetary \$, , . ————————————————————————————————	Total Monetary \$, , .
	(8) Other Distributions \$, ,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$,1, _35263
	tification
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true	on to falsify a public record (ss. 839.13, F.S.) c, correct, and complete:
(Type name)	(Type name) Carol Womack
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	□ Chairperson (only for PC and PTY)

or electioneering comm.)	
	(6, 1)
X	* Med / Small
Signature	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 <u>1/1/15</u> To <u>1/31/55</u>). **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., <u>SG3</u>).

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: <u>Important</u>: 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 <u>elected</u> 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)

	Name _Carol Womack						
_10/_05/_24 through	10/_18/_24_						
(4) Page of (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)	(11)			
				4			
	(4) Page of (7) Full Name (Last, Suffix, First, Middle) Street Address &	(4) Page of	Full Name Purpose (Last, Suffix, First, Middle) (add office sought if contribution to a	(4) Pageof(7)			

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name: Carol Womack

(2) I.D. Number _____

(3) Cover Period	10 / 05 / 24	throu	gh 10 /	18 / 24	(4) Page	•	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	E .	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)	\$	EE RE	ERSE FOR IN	ISTRUCTIONS	AND CODE VALU	IES	

	CAMPAIGN TREASURE	R'S REPORT SUMMARY		
(1)	Carol Womack	OFFICE USE ONLY		
	Name			
(2)	17049 Lakeside Dr. Address (number and street)	10/8/24		
	Montverde, FL., 34756			
	City, State, Zip Code			
	Check here if address has changed	(3) ID Number:		
(4)	Check appropriate box(es):			
	✓ Candidate Office Sought: □ Political Committee (PC)			
		☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded		
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed		
	individual making electioneering communications)			
	(5) Report	Identifiers		
Cov	er Period: From <u>09</u> / <u>21</u> / <u>24</u> To	10 / 04 / 24 Report Type:		
回口	riginal Amendment Spe	ecial Election Report		
(6)	Contributions This Report	(7) Expenditures This Report		
Casl	n & Checks \$, ,	Monetary		
Loar	s \$,,	Transfers to Office Account \$, , .		
Tota	I Monetary \$, ,	Total Monetary \$,		
In-Ki	nd \$, ,			
		(8) Other Distributions		
		ф , ,		
(9)	TOTAL Monetary Contributions To Date \$ 2 200 00	(10) TOTAL Monetary Expenditures To Date \$ 1 352 63		
	\$,, 2_,20000	\$, <u> </u>		
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
Ιc	ertify that I have examined this report and it is true, corre			
(Ty	ype name)	_(Type name) Carol Womack		
	Individual (only for IE	☑ Candidate ☐ Chairperson (only for PC and PTY)		
		y Can Oud to		
_X Sic	gnature	X (Unit M & Mark		

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Card	ol Womack		(2) I.D. Number				
(3) Cover Period	09.21,24 /	through10.04/.	24 /	(4) Page	1	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount	
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DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Carol Womack (2) I.D. Number _____ through 10.04/24 /____ 1___of___ (4) Page _____ (7) (8) (9) (10) (11) (5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zlp Code candidate) **Amount** Amendment Number

	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Carol Womack	OFFICE USE ONLY						
	Name	DECEIVED						
(2)	17049 Lakeside Dr.							
	Address (number and street) Montverde, Fl. 34\56							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
500 10	Candidate Office Sought: Montverde Town	Council						
	Political Committee (PC)	Charle have if DC as ECO has dishauded						
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report Identifiers							
Cove	er Period: From <u>09</u> / <u>07</u> / <u>24</u> To	09 / 20 / 24 Report Type:						
0	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	n & Checks \$, , _150 . 00	Monetary						
Loar	s,,	Transfers to Office Account \$, , .						
Tota	Monetary \$, ,	Total Monetary \$, , 366 . 00						
In-Ki	nd \$, ,							
		(8) Other Distributions						
		\$, ,						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,,	\$, <u>1</u> , <u>352</u> . <u>63</u>						
	(11) Cert	ification						
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)						
Ιc	I certify that I have examined this report and it is true, correct, and complete:							
(T)	rpe name)	(Type name) Carol Womack						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Chairperson (only for PC and PTY)						
Х		x and I Incek						
Sig	gnature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Caro	l Womack			(2) I.D. Number		
(3) Cover Period		throu	gh/	20 / 24	(4) Page		of <u>1</u>
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
09 , 10 , 24	Denise Encinosa 2200 Hibiscus Dr. Longwood, Fl 32779	В	Self employed	CAS	MVD		150
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(1) Name	Carol Wor	nack						(2) I.D. Number _			
(3) Cover Pe	riod 09	, 10	, 24	_through _	09_/_	20 /	24	(4) Page1	of	1	

	(7)	(8)	(9)	(10)	(11)
(5) Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
09/16/24	USPS,COM	Campaign	CAN		216.09
09 / 11/ 24	Town of Montverde 17404 Sixth St, Montverde FI, 24756	Campaign	CAN		150.00
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	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Carol Womack	OFFICE USE ONLY						
(2)	Name 17049 Lakeside Dr.							
(-)	Address (number and street)	R 9-12-24						
	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 To	wn Council						
☐ Candidate Office Sought: MOTIVE GETOWN 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 PTY has disbanded ☐ Check here if no other IE or EC reports of the council of the co								
	(5) Report	Identifiers						
Cove	er Period: From 08 / 24 /2024 To	09 / 06 / 2024 Report Type:						
回口	riginal Amendment Spe	cial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	n & Checks \$, ,	Monetary Expenditures \$, , 416 .85						
Loan	s \$,,	Transfers to Office Account \$, , .						
Tota	I Monetary \$, ,	Total Monetary \$, ,						
In-Ki	nd \$, ,							
		(8) Other Distributions \$, ,						
(9)	TOTAL Monetary Contributions To Date \$, _ → , → ○ . ○ .	(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.)							
Ιc	ertify that I have examined this report and it is true, corr							
(Tv	ype name)	(Type name) Carol Womack						
	Individual (only for IE	☑ Candidate ☐ Chairperson (only for PC and PTY)						
Х		(and someth						
	gnature	Signature						

(1) Name CAROL WOMACK	(2) I.D. Number
(3) Cover Period ⁰⁸ / ²⁴ / ²⁰² through ⁰⁹ / ⁰⁶ / ²⁰²⁴	(4) Page of

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
09/06/24	VISTAPRINT	PROMOTION	CAN		416.85
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CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) CAREL WOMACK	OFFICE USE ONLY						
Name (2) 17049 (AKES USE D). Address (number and street)	8/28/29						
Address (Humber and disco) MONTOPOSE, EL 34756 City, State, Zip Code Check here if address has changed Check appropriate box(es): Candidate Office Sought: Town Council							
☐ Candidate Office Sought. ☐ 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							
Cover Period: From 8/20/24 To							
☐ Original ☐ Amendment ☐ Spe	cial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,,,	Monetary Expenditures \$,,639 · 18						
Loans $\$ \underline{\varphi}$, $\underline{\varphi}$, $\underline{\phi}$. $\underline{\phi}$	Transfers to Office Account \$,,						
Total Monetary \$, _2 , 200 · 00	Total Monetary \$,, 69 . 18						
In-Kind $\qquad \qquad \qquad$	(C) Other Distributions						
	(8) Other Distributions \$						
(9) TOTAL Monetary Contributions To Date \$,,	(10) TOTAL Monetary Expenditures To Date \$,, <u>629</u> 78						
(11) Cert It is a first degree misdemeanor for any pers	lfication on to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, corre							
(Type name) CAROL WOMACK Individual (only for IE Treasurer Deputy Treasurer	(Typo namo) CARCL Wouse (Chairperson (only for PC and PTY)						
or election earing comm.)	x Carllemak						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name CAROL Womack				(2)	I.D. Number	2094	-02
(3) Cover Period	8120124	throug	gh <u>B</u> /	30 1 <u>24</u>	(4) Page	1 (of <u>3</u>
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
8,20,24	CAROL WORLL 17049 LAKOSIDE MONTUERDE, A 34754	5	SEF	CHE			\$ 200.00
8,22,24	SEE	5	538	CAS			\$5000
8,27,24	BEE T	5	526	CHE			g 1500
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	CAMPAIGN TREASURER'S REF	ORT - ITEMIZED	EXPENDIT	JRES 20	24-02
1) Name	gree Womack	(2) I.D. Number) Page	3 of	3
3) Cover Period	8 120 134 through 8 1	30,09 (4) Page		
(5) Date (6) Sequence	(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)
Number		. – 54			
8/20/24	Town of MentionisE	REG. FEE	CAN		\$60
8. 122/24	DELIVERY SIGNS 40 W. CRYSTAL LAKE ST. SUITE #100 OPELANDO OR 32804	CAMPAIGN SIGNS	CAN.		\$ 629 78
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