CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Hal Grant	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	403 S Berthe Ave	Submitted on:							
	Address (number and street)	6/1/2019 05:04:25 (eastern)							
	Panama City, FL 32404  City, State, Zip Code	<del></del>							
	☐ Check here if address has changed	(3) ID Number: 460							
(4)	_	(3) ID Number: 460							
(4)	Check appropriate box(es):								
	<ul><li></li></ul>								
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	<ul><li>☐ Check here if PC or ECO has disbanded</li><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>							
	marvidual making disculoneering communications)								
(5) Report Identifiers									
Cove	er Period: From $\frac{5}{2}$ / $\frac{1}{2}$ / $\frac{2019}{201}$ To	5 / 31 / 2019 Report Type: <u>M5</u>							
X O	original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	h & Checks \$ , , <u>400</u> . <u>00</u>	Monetary							
Loar	s , , , ,	Transfers to Office Account \$ , , 0 . 00							
Tota	Monetary \$,, 400.00	Total Monetary \$ , , 400 . 00							
In-Ki	ind \$,,,000								
		(8) Other Distributions \$ , , <u>0</u> 0							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$ , <u>1</u> , <u>100</u> . <u>00</u>	\$ , , <u>720</u> . <u>36</u>							
		tification on 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:									
(T	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		x							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Hal Grant				2) I.D. Numbe	r4	60
	5/1/2019			/31/2019			
(3) Cover Perio	od//	thro			(4) Page	1	of
				r			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	3.00	ontributor	Contribution	In-kind		•
Number	City, State, Zip Code	Туре	Occupation candidate	Туре	Description	Amendment	Amount
5/16/2019	Grant, Hal 403 S. Berthe Av	S	candidate	CA	loan		\$400.0
J I	Panama City, Fl 32404						
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DS-DE 13 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Hal	Grant					_ (2) I.D. Num	nber	•	460	
	5/1/2	019		5/31/20	019					
(3) Cover Period	I	1	through	1	1	(4) Page	1	of	1	

(5) Date	(7)	(8)	(9)	(10)	(11)
(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
5/18/2019	FishaleTaphouse Grill, 7715 Front Beach Rd Panama City Beach, Fl 32407	food for meeting	MO		\$400.00
1	Fallania City Beach, FI 32407			5	
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