CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Frances Gordon	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1210285]						
(2) 221 N. Lakewood Dr.	Submitted on:						
Address (number and street) Panama City, FL 32404	6/13/2020 09:50:26 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 478						
(4) Check appropriate box(es):							
Candidate Office Sought: School Board,	District 2						
Political Committee (PC) Floations Communications Com (FCC)	Charle have if DC on ECO 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							
Cover Period: From <u>6</u> / <u>1</u> / <u>2020</u> To	6 / <u>12</u> / <u>2020</u> Report Type: <u>P60D</u>						
☑ Original	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 0 . 00	Expenditures \$, , , 8 . 20						
Loans \$,,0.00	Transfers to						
	Office Account \$,,						
Total Monetary \$, , 0.00							
	Total Monetary \$, , 8.20						
In-Kind \$,, <u>0</u> . <u>00</u>							
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, 1_, 900.00	\$,, , 20						
(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)						
or electioneering comm.)							
X	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name Frances Gordon				(2) I.D. Number				
	6/1/2020			6/12/2020					
(3) Cover Peri	od / /	thro	bugh	<i>ll</i>	(4) Pag	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
				0.43 4 12					
1 1	-								
1 1	-								
1 1	-								
			-						
1 1	_								
1 1									
1 1									
1 1									
1 1									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Fran) EXPENDIT 2) I.D. Number				
	6/1/2020 1/through_	6/12/2020	4) Page <u>1</u>		1
(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
6/12/2020 1	BC Supervisor of Elections, 830 W 11th Street Panama City, FL 32401	discrepancy adjustment with qualifying fee	МО		\$8.20
11					
_ / _					
_ / _					
//					
//					
_/ /					
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