CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Brenda Ruthven	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1203553]							
(2) 209 South Cove Lane	Submitted on:							
Address (number and street) Panama City, FL 32401	4/7/2020 10:36:36 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 493							
(4) Check appropriate box(es):								
Candidate Office Sought: School Board,	District 2							
Political Committee (PC) Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
	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 <u>3</u> / <u>1</u> / <u>2020</u> To	3 / <u>31</u> / <u>2020</u> Report Type: <u>M3</u>							
☑ Original   ☐ Amendment   ☐ Spectrum	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$,, <u>100</u> . <u>00</u>	Expenditures \$ , , , 60							
Loans \$,,0.00	Transfers to							
	Office Account \$ _ , _ , _ 0 . 00							
Total Monetary \$,, 100 . 00								
	Total Monetary \$ , , , , 60							
In-Kind \$,, <u>0</u> .00								
	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>1</u> , <u>300</u> . <u>00</u>	\$,, <u>462</u> . <u>13</u>							
(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)	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
x	x							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Brenda Ruthven	(2) I.D. Number						
	3/1/2020			/31/2020				
(3) Cover Perio	od / /	thro			(4) Pag	je _1	of _1	
	1	1		1	1	1	1	
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &		ontributor	Contribution	In-kind	Ansandraant		
Number	City, State, Zip Code Darrah, John	Type I	Occupation	Туре СН	Description	Amendment	Amount \$100.0	
3/17/2020	2816 West 11th Street			CII			\$100.0	
1 1	Panama City, FL 32401							
1								
-								
	0							
1 1	-							
1 1	-							
			5		2			
1 1	1							
1 1								
1 1								
1 1								
1 1								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Bren	URES				
(3) Cover Period	3/1/2020 // through_	3/31/2020	4) Page <u>1</u>	of	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) Amendment	(11) Amount
	Panhandle Educators FCU, 2718 MLK JR Blvd Panama City, FL 32405	cost of checks	МО		\$24.60
_/ /					
_/ /					
_ / /					
//					
_ / _					
11					
_ / /					

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