CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Dane Messick Name	OFFICE USE ONLY ONLINE SUBMISSION							
(2)	1400 W 12th Street	[1245464]							
	Address (number and street)	Submitted on: 4/27/2021 14:58:28 (eastern)							
	Lynn Haven, FL 32444	1/2//2021 11:30:20 (casecin)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:554							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: Lynn Haven Co	mmissioner Seat 3							
 ☐ 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 will b 									
(5) Report Identifiers									
		7 / 19 / 2021 Report Type: MTR							
<u>N</u> 0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	h & Checks \$, , 0 . 00	Monetary							
Loar	s , , , <u>0</u> . <u>00</u>	Transfers to Office Account \$, , , 0 . 00							
Total Monetary \$, , 0 . 00		Total Monetary \$, , 0 . 00							
In-Ki	ind \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions \$, , <u>0</u> 0							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>3</u> , <u>349</u> . <u>52</u>	\$, <u>3</u> , <u>349</u> . <u>52</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:									
	ype name) Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Dane Messick				2) I.D. Numbe	r5	54
	4/16/2021		7	/19/2021			
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Page	e <u>1</u>	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		Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	Туре	Occupation	туре	Description	3 arienament	Amount
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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 Dane	Messick				(2) I.D. Nun	nber	Į.	554	
	4/16/2	021	7/19,	/2021					
(3) Cover Period	I	1	through /	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
4/26/2021	Messick, Dane 1400 W 12th St Lynn Haven, FL 32444-2106	reimbursement	DI		\$1,127.96
1	Bylin naven, FB 32444 2100				
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