CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Stacey Shuford Creighton	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	2527 NW County Road 225	Submitted on:								
	Address (number and street)	3/9/2020 20:46:15 (eastern)								
	Lawtey, F1 32058									
	City, State, Zip Code	(2) 17 11								
	Check here if address has changed	(3) ID Number: 226								
(4)	Check appropriate box(es):									
	 ☐ Candidate Office Sought: Superintendent of Schools ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) 									
	(5) Report	Identifiers								
Cove	er Period: From 2 / 1 / 2020 To	2 / 29 / 2020 Report Type: M2								
X O	riginal Amendment Spo	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, , ,000	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$,,	Total Monetary \$, , <u>210</u> . <u>00</u>								
In-Ki	nd \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$, , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$, 5 , _00000									
(T	(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) Individual (only for IE									
<u>X</u>		<u>X</u>								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Stacey Shuford Crei	ghton			2) I.D. Numbe	er <u>2</u>	26
	2/1/2020 od / /		2	/29/2020 //	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
/ /	Oily, State, 21p code	Туре	Occupation	Туре	Description		Amount
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1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Stacey	Shuford	Creigh	ton			 (2) I.D. Nur	nber	2	226	
		2/1/202	0		2/29/20	20	-				
(3) Cover P	eriod	1	1 1	hrough	1	1	(4) Page	1	of	1	

(5)	(7)	(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
2/4/2020	Bradford County Sheriff Office, 945 N Temple Ave B, Starke, FL 32091	sponsorship	MO		\$100.00
2/10/2020	Communities In School, 100 E Call Street Starke, FL 32091	glow run sponsorship	МО		\$100.00
2/28/2020	Supervisor of Elections, PO Box 58 Starke, FL 32091	voter cd	МО		\$10.00
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