CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Diane Andrews	OFFICE USE ONLY ONLINE SUBMISSION								
(2)	Name 15661 SW 161st St	[1233105]								
(4)	Address (number and street)	Submitted on:								
	Brooker, Fl 32622	10/5/2020 09:52:24 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 245								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: County Commissioner District 5</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 9 / 19 / 2020 To									
<u>X</u> 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , <u>100</u> . <u>00</u>	Monetary								
Loar	<del></del>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , <u>100</u> . <u>00</u>									
In-Ki	and \$,,	Total Monetary \$ , , 256 . 80								
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$ , 7 , _35000									
(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 Treasurer Deputy Treasurer or electioneering comm.)  (Type name)  Candidate Chairperson (only for PC and PTY)									
X	gnature	X Signature								
	unaiure	i olulatite								

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

(1) Name	Diane Andrews				z) I.D. Numbe	!!"2	245
	9/19/2020		1	0/2/2020			
(3) Cover Peri	od//	thre	ough	1 1	(4) Pag	e <sup>1</sup>	of <sup>1</sup>
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(5)	(7)		(8)	(0)	(10)	(11)	(12)
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)	_	Manager to the Alberton on the second		Enery PressureD		
Sequence	Street Address &		ontributor	Contribution	In-kind		<b>*</b>
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
9/30/2020	Andrews, Diane 15661 Southwest 161st Street		retired	CA			\$100.0
7,30,2020	Brooker, FL 32622	₹C	warden				
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name <u>Di</u>	ane	Andre	ws							 (2) I.D. Nu	mber		245	
		9/19	/20	020			10	)/2/2	020		-			
(3) Cover Per	riod	1		1	×	through		1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
9/30/2020	Showcase Advertizing, 207 South Walnut Street Starke, fl 32091	signs	МО		\$256.80
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DS-DE 14 (Rev.					