CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Rachel M. Sadoff	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	P.O. Box 120968	[1216479]						
	Address (number and street)	Submitted on: 7/14/2020 15:44:47 (eastern)						
	West Melbourne, FL 32912	(eastern)						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:786						
(4)	Check appropriate box(es):							
	<ul> <li>☐ Clerk of the Circuit Court</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>							
	(5) Report	Identifiers						
Cove	Cover Period: From 4 / 1 / 2020 To 4 / 30 / 2020 Report Type: M4							
0	riginal 🖺 Amendment 🗌 Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	n & Checks \$ , , 4 . 65	Monetary						
Loar		Transfers to Office Account \$ , , , 0 . 00						
	I Monetary \$,,,	Total Monetary \$ , , , 0 . 00						
In-Ki	nd \$,,,0 . 00							
		(8) Other Distributions \$ , , 000_						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>15</u> , <u>383</u> . <u>90</u>	\$, <u>15</u> , <u>390</u> . <u>00</u>						
_(T)	(11) Cert  It is a first degree misdemeanor for any pers  Pertify that I have examined this report and it is true, corr  Pertify that I have examined this report and it is true, corr  Pertify that I have examined this report and it is true, corr  Pertify that I have examined this report and it is true, corr  Pertify that I have examined this report and it is true, corr	• • • • • • • • • • • • • • • • • • • •						
	electioneering comm.)							
X		_X						
Sic	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Rachel M. Sadoff				2) I.D. Numbe	er	86
(3) Cover Peri	od///	thro		/30/2020 //	(4) Pag	je <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)
4/27/2020 / /	Austin, Eric exempt xx, xx xxxxx	I	executive pastor, cfl	СН	2000, 1000	Add	\$4.6
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

	l M. Sadoff 4/1/2020 4/	30/2020	•	r	
Cover Period _	/through	_//(2	1) Page <u>1</u>	of	0
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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