CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) David Scott Worrells	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1235176]						
(2) <u>33 Little John Lane</u>	Submitted on:						
Address (number and street) Rockledge, FL 32955	10/19/2020 14:02:19 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 819						
(4) Check appropriate box(es):							
 Candidate Office Sought: <u>School Board</u>, <u>District 4</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 							
(5) Report Identifiers							
Cover Period: From <u>9</u> / <u>5</u> / <u>2020</u> To	9 / <u>18</u> / <u>2020</u> Report Type: <u>G3</u>						
□ Original Amendment □ Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 0 . 00	Monetary Expenditures \$, , , 1						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Total Monetary \$	Total Monetary \$, , , , 41						
······································	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>2</u> , <u>000</u> . <u>00</u>	\$, <u>2</u> , <u>000</u> . <u>00</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)	(Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name			(2) I.D. Number					
	9/5/2020			9/18/2020					
(3) Cover Perio	od/ /	thro	ough	I I	(4) Page	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1									
1 1									
1 1									
1 1									
1 1	-								
1 1	-								
1 1									
/ /									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Davi	CAMPAIGN TREASURER d Scott Worrells		2 EXPENDIT (2) I.D. Number	819	
(3) Cover Period	9/5/2020 // through_	9/18/2020 /	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
	Worrells, David 33 Littlejohn Ln Rockledge, FL 32955	repay myself after the campaign. all fund was made by me.	RE	Add	\$21.41
_/ /					
_/ /					
_/ /					
_/ /					
_ / /					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES