	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Stephen Bryan Barrow	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	1400 NE 56th Street #110	Submitted on:					
	Address (number and street)	7/9/2020 11:45:58 (eastern)					
	Fort Lauderdale, FL 33334 City State Zin Code						
	City, State, Zip Code	(3) ID Number: 555					
	Check here if address has changed (3) ID Number:						
(4)	Check appropriate box(es): Candidate Office Sought: School Board, At Large 9 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 be filed						
	(5) Report	t Identifiers					
Cove	rer Period: From 10 / 1 / 2019 To						
□ 0	Original ☐ Amendment ☐ Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casł	h & Checks \$, , 0 . <u>00</u>	Monetary					
Loar		Transfers to Office Account \$, , , 0 . 00					
Tota In-Ki	al Monetary \$,,,00	Total Monetary \$, , 0 . 00					
III-IXi	Tiu	(8) Other Distributions \$, , 000					
(9)	TOTAL Monetary Contributions To Date \$, , _67500_	(10) TOTAL Monetary Expenditures To Date \$,, _49563_					
(T <u>)</u>	(11) Cert It is a first degree misdemeanor for any perse certify that I have examined this report and it is true, corre Type name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)						
<u>X</u>		<u>X</u>					
Sic	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Stephen Bryan Barrow (2) I.D. Number 555						
	10/1/2019	1	.0/31/2019			
(3) Cover Period	d / /	through	<i>l l</i>	(4) Pag	e	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 Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1						
1 1						
1 1						
j j						
J I						
I I						
1 1						
1 1						

) Name Stephe	10/1/2019	10	0/31/2019	(2) I.D. Numbe		
3) Cover Period _	//	through		(4) Page1	ot	0
(5) Date		Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	Street Ad	First, Middle) ddress & , Zip Code	(add office soug contribution to candidate)	ht if Expenditure Type	Amendment	Amount
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