

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sarah Leonardi  
 Name  
 (2) P.O. Box 11963  
 Address (number and street)  
Fort Lauderdale, FL 33339  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1192097]

Submitted on:  
 9/10/2019 23:30:21 (eastern)

Check here if address has changed

(3) ID Number: 572

(4) Check appropriate box(es):

- Candidate Office Sought: School Board, Dist. 3
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 8 / 1 / 2019 To 8 / 31 / 2019 Report Type: M8

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 150 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 150 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 12 , 637 . 60

### (10) TOTAL Monetary Expenditures To Date

\$        , 2 , 411 . 50

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Sarah Leonardi (2) I.D. Number 572

8/1/2019 through 8/31/2019

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page 1 of 0

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type      Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|--|--|--|-----------------------------|--------------------------------|-------------------|----------------|
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Sarah Leonardi

(2) I.D. Number 572

(3) Cover Period 8/1/2019 through 8/31/2019

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 8/2/2019<br>/ /           | Herrera, Javier<br>8341 SW 44th Place<br>Davie, FL 33328                                       | pictures   | MO                         | Add               | \$150.00       |
| 1                         |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |