CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Clifford Newsome	OFFICE USE ONLY								
` ,	Name	ONLINE SUBMISSION								
(2)	P.O. Box 129	[1174237]								
	Address (number and street)	Submitted on:								
	Clarksville, FL 32430	10/3/2018 09:43:10 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 233								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: School Board, District 3</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</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 / <u>15</u> / <u>2018</u> To	9 / 28 / 2018 Report Type: <u>G3</u>								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$,,,000	Monetary Expenditures \$ ,1 , <u>585</u> . <u>44</u>								
Loar	s \$, <u>1</u> , <u>800</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00								
Tota	I Monetary \$ ,1 , <u>800</u> . <u>00</u>	Total Monetary \$ , 1 ,585 . 44								
In-Ki	nd \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$,7 ,30000	\$, <u>6</u> , <u>824</u> . <u>97</u>								
<u>(T</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)  Individual (only for IE    Deputy Treasurer									
Х		X								
Sig	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Clifford Newsome				2) I.D. Number	r2	33
	9/15/2018			/28/2018			
(3) Cover Perio	od//	thro			(4) Page	1	of <sup>1</sup>
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
9/18/2018	Newsome, Clifford	1	general	LO			\$1,800.0
1 1	PO Box 129 Clarksville, FL 32430		contractor				
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DS-DE 13 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name _	Clifford	l News	ome				 (2) I.D. Nun	nber	2	233	
	9	/15/2	018		9/28/20	018					
(3) Cover P	eriod	1	1	through	/	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
9/18/2018	Big River Sports, 10750 NW SR 20 Bristol, FL 32321	signs	MO		\$1,274.40
9/25/2018	Big River Sports, 10750 NW SR 20 Bristol, FL 32321	hats	МО		\$311.04
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