

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Truman Grant
 Name
 (2) 11875 SE CR 69
 Address (number and street)
Blountstown, FL 32424
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1178879]
 Submitted on:
 11/2/2018 12:32:38 (eastern)

Check here if address has changed (3) ID Number: 240

(4) Check appropriate box(es):
 Candidate Office Sought: County Commissioner, District 4
 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 10 / 20 / 2018 To 11 / 1 / 2018 Report Type: G7
 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 \$, , 172 . 50
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 172 . 50

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, , 800 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 929 . 66

(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 Truman Grant (2) I.D. Number 240

(3) Cover Period 10/20/2018 through 11/1/2018 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Truman Grant

(2) I.D. Number 240

(3) Cover Period 10/20/2018 through 11/1/2018

(4) Page 1 of 1

(5) Date	(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
(6) Sequence Number					
10/30/2018 / /	Calhoun-Liberty Journal, P.O. Box 536 Bristol, FL 32321	ad	PW		\$172.50
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