

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ray Howell  
 Name  
 (2) 24346 NE Dr. MW Eldridge Rd.  
 Address (number and street)  
Blountstown, FL 32424  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1158541]  
 Submitted on:  
 6/28/2018 12:55:00 (eastern)

Check here if address has changed (3) ID Number: 242

(4) Check appropriate box(es):  
 Candidate Office Sought: School Board, District 2  
 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 6 / 1 / 2018 To 9 / 19 / 2018 Report Type: TAQ2  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00  
 Loans \$        ,        , 10 . 00  
 Total Monetary \$        ,        , 10 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 16 . 30  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 16 . 30

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        ,        , 110 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 110 . 00

### (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 Ray Howell (2) I.D. Number 242

(3) Cover Period 6/1/2018 through 9/19/2018 (4) Page 1 of 1

(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
6/1/2018 / /	Howell, Ray 24346 NE Dr. MW Eldridge Road Blountstown, FL 32424	I	insurance	LO			\$10.00
1							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Ray Howell

(2) I.D. Number 242

(3) Cover Period 6/1/2018 through 9/19/2018

(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
6/1/2018 //	Cal-Lib Employees Credit Union, 17394 NW Charlie Johns Street Blountstown, FL 32424	checks	MO		\$16.30
1					
6/27/2018 //	Howell, Ray, 24343 NE Dr. MW Eldridge Rd Blountstown, FL 32424	close acct	DI		\$88.70
2					
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