CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Sharon Chason	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1229841]							
(2) 24839 NW SR 73 Address (number and street)	Submitted on:							
Altha, FL 32421	9/9/2020 10:20:31 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number:257							
(4) Check appropriate box(es):								
Candidate Office Sought: <u>Supervisor</u> o	f Elections							
Political Committee (PC)  Institute of the second	Charle have if DC an ECO has dishanded							
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded							
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From <u>6</u> / <u>1</u> / <u>2020</u> To	9 / 9 / 2020 Report Type: <u>TR1</u>							
🖾 Original 🗌 Amendment 🗌 Sp	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$ , , 00	Expenditures \$ , , 00							
Loans \$,,0.00	Transfers to							
	Office Account \$ _ , _ , _ 0 . 00							
Total Monetary \$ , , 0.00								
	Total Monetary \$,,,0 . 00							
In-Kind \$,, 0.00								
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,,,00	\$,,,8000							
(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)							
(Type name)	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
x	x							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Name <u>Sharon Chason</u> (2) I.D. Number <u>257</u>						57
	6/1/2020		9	/9/2020		7	0
(3) Cover Perio	od / /	thro	ough	11	(4) Pag	e _⊥	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Shar	CAMPAIGN TREASURER'S F	(2)	) EXPENDIT 2) I.D. Number		257	
(3) Cover Period	6/1/2020 9/ I/through	9/2020 //(	4) Page <u>1</u>	of_	1	
(5) Date (6) Sequence Number	(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	
9/9/2020	Chason, Sharon Themselves 22388 NW Chason Loop Altha, Fl 32421	close campaign acct	DI		\$80.00	
11						
//						
_/ /						
11						
11						
11						
_/_/						

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