

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Patrick A Crippen
 Name

(2) Protected
 Address (number and street)
, FL
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1230507]

Submitted on:
 9/11/2020 13:49:13 (eastern)

Check here if address has changed

(3) ID Number: 428

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 1 / 2019 To 10 / 31 / 2019 Report Type: M10

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 \$, , 240 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 240 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 51 , 750 . 40

(10) TOTAL Monetary Expenditures To Date

\$, 48 , 867 . 32

(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 Patrick A Crippen (2) I.D. Number 428

10/1/2019 through 10/31/2019

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (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 Patrick A Crippen

(2) I.D. Number 428

(3) Cover Period 10/1/2019 through 10/31/2019

(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
10/3/2019 / / 1	FGE, Prints 854 NE 5th ST Crystal River, FL 34429	campaign flyers	MO	Add	\$200.00
10/4/2019 / / 2	synergy , Marketing marketing 5776 South Maple Grove Road Boise, Id 83709	campaign website	MO	Add	\$30.00
10/4/2019 / / 3	Chamber, Citrus County 915 N. Suncoast Boulevard crystal river, fl 34429	campaign chamber lunch	MO	Add	\$10.00
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