

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
 [1230519]

Submitted on:
 9/11/2020 14:06:23 (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 11 / 1 / 2019 To 11 / 30 / 2019 Report Type: M11

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 \$, , 25 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 25 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 51 , 750 . 40

(10) TOTAL Monetary Expenditures To Date

\$, 49 , 419 . 22

(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

11/1/2019 through 11/30/2019

(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 11/1/2019 through 11/30/2019

(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
(6) Sequence Number					
11/25/2019 // /	River, City of Crystal Hwy 19 Crystay River, Fl 34428	xmas parade fee for campaign	MO	Add	\$25.00
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