

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
 [1230195]

Submitted on:
 9/10/2020 14:58:37 (eastern)

Check here if address has changed (3) ID Number: 428

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

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

(5) Report Identifiers

Cover Period: From 4 / 1 / 2019 To 4 / 30 / 2019 Report Type: M4

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 \$, , 30 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 30 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 51 , 750 . 40

(10) TOTAL Monetary Expenditures To Date
 \$, 48 , 398 . 45

(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

4/1/2019 through 4/30/2019

(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 4/1/2019 through 4/30/2019

(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					
4/4/2019 //	Howrd Fla Market , South Hwy 19 . Homosassa, Fl 34446	campaign booth at howard's flea market	MO	Add	\$30.00
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