CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Janice A Warren	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	PO Box 873	Submitted on:							
	Address (number and street) Crystal River, FL 34423	6/3/2020 21:36:14 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 446							
(4)	Check appropriate box(es):	(6) ID NUMBER.							
(4)	☐ Crieck appropriate box(es). ☐ Candidate Office Sought: Tax Collector								
	Political Committee (PC)								
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
	☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [☐ Independent Expendent	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)	Check here if no other in or no reports will be med							
	(5) 5								
2		t Identifiers							
		5 / 31 / 2020 Report Type: <u>M5</u>							
X O	Original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	h & Checks \$, ,000	Monetary							
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
Tota	al Monetary \$, , 000	, , , ,							
In-Ki	ind \$,,, <u>0</u> . <u>00</u>	Total Monetary \$, , <u>16</u> . <u>20</u>							
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>10</u> , <u>000</u> . <u>00</u>	\$, <u>1</u> , <u>112</u> . <u>89</u>							
	(11) Cert It is a first degree misdemeanor for any perso								
Ιc	I certify that I have examined this report and it is true, correct, and complete:								
(T	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		×							
	ignature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Janice A Warren		(2) I.D. Number ₄₄₆							
	5/1/2020		5	/31/2020		-	0			
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	e	of			
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor		(9)	(10) In-kind	(11)	(12)			
Number	City, State, Zip Code	Туре	Occupation	Contribution Type	Description	Amendment	Amount			
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Janice	A Warı	ren	A CONTRACTOR OF THE CONTRACTOR		100 906 110	 (2) I.D. Nun	nber	4	446	
		5/1/20	20		5/31/20	020					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
5/15/2020	Citrus Co Supvr of Elections, 1500 N Meadowcrest Blvd Crystal River, FL 34429	additional petition cards	MO		\$16.20
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