

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sandy Counts
 Name
 (2) PO Box 375
 Address (number and street)
Homosassa Springs, FL 34447
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1299967]
 Submitted on:
 10/6/2023 17:27:24 (eastern)

Check here if address has changed (3) ID Number: 554

(4) Check appropriate box(es):
 Candidate Office Sought: School Board District 4
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 7 / 1 / 2023 To 9 / 30 / 2023 Report Type: Q3
 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 \$, , 45 . 00
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 45 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 1 , 500 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 275 . 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 Sandy Counts (2) I.D. Number 554

7/1/2023 9/30/2023

(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 Sandy Counts

(2) I.D. Number 554

(3) Cover Period 7/1/2023 through 9/30/2023

(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					
7/5/2023 / /	Brannen Bank, 320 US Hwy 41 South Inverness, FL 34451	fee	PW		\$15.00
1					
8/4/2023 / /	Brannen Bank, Brannen Bank 320 US Hwy 41 South Inverness, FL 34451	fees	PW		\$15.00
2					
9/5/2023 / /	Brannen Bank, Brannen Bank 320 US Hwy 41 South Inverness, FL 34451	fees	PW		\$15.00
3					
/ /					
/ /					
/ /					
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