	CAMPAIGN TREASURE	ER'S REPORT SUMMARY
(1)	Catherine D Webb	OFFICE USE ONLY
	Name	ONLINE SUBMISSION
(2)	1324 Longmeadow Trl	Submitted on:
	Address (number and street)	4/10/2020 22:14:47 (eastern)
	Middleburg, Fl 32068	
	City, State, Zip Code	(2) 17 1
	Check here if address has changed	(3) ID Number: 685
(4)	Check appropriate box(es):	
	☐ Candidate Office Sought: Sheriff	
	☐ 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	Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	t Identifiers
Cov	er Period: From $1 / 1 / 2020$ To	
		ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
	<b>f</b> 1 000 00	Monetary
Casi	h & Checks \$ ,1 , <u>800</u> . <u>00</u>	Expenditures \$ , 1 , 800 . 00
Loar	ns \$ , , 0.00	Transfers to
Luai	,,,	Office Account \$ , , 0 . 00
Tota	ll Monetary \$ , −1 , 800 . 00	
, 0,0	, monotally	Total Monetary \$ , 1 ,800 .00
In-Ki	ind \$ , , 0.00	, , , , , , , , , , , , , , , , , , , ,
	, , ,	(8) Other Distributions
		\$,, 000_
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$, <u>11</u> , <u>254</u> . <u>00</u>	\$ , <u>4</u> , <u>107</u> . <u>17</u>
	(11) Cer	tification
		son to falsify a public record (ss. 839.13, F.S.)
lo	certify that I have examined this report and it is true, con	rect, and complete:
		ı
	ype name)  Individual (only for IE  Treasurer  Deputy Treasurer	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)
	electioneering comm.)	
1/		
X	gnature	X Signature
S	unaure	i siullatute

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Catherine	e D We	ebb				685			
	1/1/	2020			1/31	/2020				
(3) Cover Peri	od /	<b>l</b> a	1	through	1	1	(4) Page	1	of	1

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		Contribution Type	In-kind Description	Amendment	Amount
1/8/2020	MacMurdo, Joshua D 4488 Cardinal Dr Fallon , NV 89406	I	civil service	СН		Delete	\$1,000.0
1/8/2020	MacMurdo, Joshua D 4488 Cardinal Dr Fallon , NV 89406	I	civil service	СН		Add	\$100.0
1/30/2020	Macmurdo, Joshua I 4488 Cardinal Dr Fallon , NV 89406	) I	civil service	СН		Delete	\$1,000.0
3 1/30/2020 /	Macmurdo, Joshua I 4488 Cardinal Dr Fallon , NV 89406	) I	civil service	СН		Add	\$100.0
1 1							
1 1							
1 1							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	Catherine	e D	Web	b				 (2) I.D. Nun	nber	(	685	
	1/	1/2	020			1/31/	2020					
(3) Cover Po	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
1/30/2020	MACMURDO, JOSHUA D 4488 CARDINAL DR FALLON , NV 89406	refund of donation	RE	Add	\$1,800.00
1				-	
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