	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	David Herold	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	1615 Rustling Dr	Submitted on:					
	Address (number and street)	11/15/2020 20:17:51 (eastern)					
	Fleming Island, Fl 32003						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:728					
(4)	Check appropriate box(es):						
		at Fleming Island CDD Seat 2					
	Political Committee (PC)	Charlebone is DO an EOO bee disheaded					
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ 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					
	individual making electioneering communications)						
	(5) P (
_		Identifiers					
Cove	er Period: From 10 / 17 / 2020 To	10 / 29 / 2020 Report Type: <u>G6</u>					
□ 0	Priginal ☐ Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
	!	Monetary					
Cash	h & Checks \$, , ,000	Expenditures \$, , <u>150</u> . <u>00</u>					
	*						
Loar	ns \$,, <u>0</u> .00	Transfers to					
	Φ 0.00	Office Account \$, , , 0 . 00					
Tota	Il Monetary \$, , 0 . <u>00</u>	T. (I Manustania) A 150 00					
	•	Total Monetary \$, , <u>150</u> . <u>00</u>					
In-Ki	ind \$,,,000						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\-,	\$,1_,80000	\$, 1 , _41761_					
	, <u> </u>	, ,					
	(11) Cert						
	It is a first degree misdemeanor for any person	on to falsify a public record (ss. 839.13, F.S.)					
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:					
(T [.]	(Type name) (Type name)						
	Individual (only for IE Treasurer Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)					
	electioneering comm.)						
v		v					
Si	gnature	X Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	David Herold				2) I.D. Numbe	er	28
	10/17/2020	11.000	1	0/29/2020		seate 1	• 0
(3) Cover Per	iod / /	thro	ougn	<i>i i</i>	(4) Pag	je <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
1 1							
J J							
f I							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	David Herold					(2) I.D. Num	nber	728			
		10/17/	2020		10/29/	2020	~ *				
(3) Cover Pe	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
10/29/2020	Herold, David Matthew 1615 Rustling Dr Fleming Island, FL 32003	withdraw to correct cash deposit of over \$50.00	МО	Add	\$150.00
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DS-DE 14 (Rev.	11/13 \				