

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sandra Lee Barker
 Name
 (2) 3215 Gull Street Blm
 Address (number and street)
Nankes Pl 34103
 City, State, Zip Code

OFFICE USE ONLY

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☐ Candidate Office Sought: Mosquito Control Dist 2

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ 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

(5) Report Identifiers

Cover Period: From 10, 8, 18 To 10, 12, 18 Report Type: _____

☐ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 6.00 , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 117 . ____ . ____

Transfers to Office Account \$ ____ , 4 . ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ ____ , ____ , 7.00 . ____

(10) TOTAL Monetary Expenditures To Date

\$ ____ , ____ , ____ . ____

(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) Res Barker

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X Res Barker

Signature

(Type name)

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

(1) Name Satchin Lec Bector (2) I.D. Number _____
(3) Cover Period 10, 6, 18 through 10, 12, 18 (4) Page 1 of 1

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