CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	AMY OVERSTREET	OFFICE USE ONLY								
(-)	Name	ONLINE SUBMISSION [1195086]								
(2)	339 SW DOCKERY LANE	Submitted on:								
	Address (number and street)	11/18/2019 09:58:30 (eastern)								
	LAKE CITY, FL 32024									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:1220								
(4)	Check appropriate box(es):									
	☐ Candidate Office Sought: TAX COLLECTOR									
	Political Committee (PC)	Charlebon # DO on FOO bon disheaded								
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ 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 Identifiers										
Cove		10 / 31 / 2019 Report Type: M10								
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$, , <u>750</u> . <u>00</u>	Monetary								
Loar	s , , , , 000	Transfers to Office Account \$								
Toto	Il Monetary \$, , 750 . 00	Office Account \$, , , 0 . 00								
Tota	Monetary \$,, 750 . 00	Total Monetary \$, 0 . 00								
In-Ki	ind \$, , 0.00	Total Monetary \$, , 0 . 00								
III-r\	ma	(8) Other Distributions								
		1 '								
		\$,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, <u>2</u> , <u>185</u> . <u>81</u>								
		tification on 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:										
(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		x								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	AMY OVERSTREET					1220				
		10/1/201	19		10/31	/2019				
(3) Cover Perio	od	1	1	through	1	1	(4) Page	1	of	1

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/2/2019	Robert Sheppard Mobile Home Se, 6355 SE CR 245 Lake City, FL 32025	В	mobile home set up	СН		Add	\$1,000.0
10/2/2019	Robert Sheppard Mobile Home Se, 6355 SE CR 245 Lake City, FL 32025	В	mobile home set up	СН		Delete	\$250.0
10/2/2019	Sheppard , Robert Dale 6355 SE County Rd 245 Lake City, FL 32025	I	business owner	СН		Delete	\$1,000.0
10/2/2019	Sheppard , Robert Dale 6355 SE County Rd 245 Lake City, FL 32025	I	mobile hm transporter	CH		Add	\$1,000.0
1 1							
f 1							
1 1							
1 1							

(1) Name <u>AMY</u> C	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES OVERSTREET (2) I.D. Number 1							
	10/1/2019 10/ / / through	/31/2019	, 1) Page <u>1</u>		0			
(5) Date (6) Sequence Number	(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)	(11) Amount			
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