CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	BUCKY NASH	OFFICE USE ONLY							
, ,	Name	ONLINE SUBMISSION							
(2)	3624 NW BROWN ROAD	Submitted on:							
	Address (number and street)	1/19/2021 09:32:46 (eastern)							
	LAKE CITY, FL 32055  City, State, Zip Code	—							
	Check here if address has changed	(3) ID Number: 1227							
(4)		(3) 1D Number							
(4)	Check appropriate box(es):	GION DIGT 2							
	<ul><li>☐ Candidate Office Sought: COUNTY COMMIS</li><li>☐ Political Committee (PC)</li></ul>	SION DIST 3							
	☐ 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	dentifiers							
Cove	er Period: From $10 / 30 / 2020$ To	2 / 1 / 2021 Report Type: TRG							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	Φ	Monetary							
Cash	n & Checks \$ , , 0 . 00	Expenditures \$ , , 0 . 00							
Loar	s , , 0.00	Transfers to							
Loai	,,	Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , , 0 . 00								
	·	Total Monetary \$ , , 0 . 00							
In-Ki	nd \$ , , 0 . 00								
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>12</u> , <u>631</u> . <u>52</u>	\$ , <u>12</u> , <u>631</u> . <u>52</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:									
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
х		X							
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	BUCKY NASH				2) I.D. Numbe	er <u>1</u>	227
(3) Cover Perio	10/30/2020 od///	thro	ough	/1/2021 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor		(9) Contribution	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name BUCK	Y	NASH					 (2) I.D. Nun	nber	-	1227	
		10/30/2	2020		2/1/202	1	~ ~	-			
(3) Cover Period	1	1	1	through	1	1	(4) Page	1	of	1	

(5) Date	(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
1/10/2021	Nash, Bucky 3624 NW Brown Road Lake City, FL 32055	close-out account	DI		\$178.54
1	date crey, 12 shoss				
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DS-DE 14 (Pay					