

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) TIM MURPHY  
 Name

(2) PO BOX 2157  
 Address (number and street)

LAKE CITY, FL 32056  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1204097]

Submitted on:  
 4/9/2020 13:38:12 (eastern)

Check here if address has changed

(3) ID Number: 1228

(4) Check appropriate box(es):

- Candidate Office Sought: COUNTY COMMISSION DIST 5
- 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 individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 3 / 1 / 2020 To 3 / 31 / 2020 Report Type: M3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 500 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 500 . 00

In-Kind \$        ,        , 4 . 10

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 17 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 17 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 700 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 34 . 00

### (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) \_\_\_\_\_

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

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name TIM MURPHY (2) I.D. Number 1228  
 3/1/2020 through 3/31/2020  
 (3) Cover Period      /      /      through      /      /      (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
3/20/2020 / /	Grinstead, Laura 456 Woodhaven Ave Lake City, FL 32025	I	pta marketer	CH			\$500.00
1							
3/10/2020 / /	Murphy, Tim PO Box 2157 Lake City, FL 32056	S	business owner welder	IK	petition certificat ion		\$4.10
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name TIM MURPHY

(2) I.D. Number 1228

(3) Cover Period 3/1/2020 through 3/31/2020

(4) Page 1 of 1

(5) Date	(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) Amendment	(11) Amount
(6) Sequence Number					
3/31/2020 //	Columbia Bank, 151 NW Commons Loop Lake City, FL 32055	monthly service fee	MO		\$17.00
1					
//					
//					
//					
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//					
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