

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
[1212384]

Submitted on:
6/19/2020 18:04:50 (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 6 / 1 / 2020 To 6 / 12 / 2020 Report Type: P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 325 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 325 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 3 , 051 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 392 . 50

(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) Cover Period 6/1/2020 through 6/12/2020 (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TIM MURPHY

(2) I.D. Number 1228

(3) Cover Period 6/1/2020 through 6/12/2020

(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					
6/5/2020 //	NCFA INC., PO Box 292 Lake City, FL 32056	social media setup	MO		\$325.00
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