	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Martin C. Barber, JR	OFFICE USE ONLY								
` ,	Name	ONLINE SUBMISSION								
(2)	11 NE 244 St									
	Address (number and street)	Submitted on: 5/4/2020 10:27:30 (eastern)								
	Cross City, FL 32628									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:174								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: County Commissioner - District 5</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From $\frac{4}{2}$ / $\frac{1}{2}$ / $\frac{2020}{2020}$ To	4 / 30 / 2020 Report Type: M4								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$ ,1 , <u>540</u> . <u>00</u>	Monetary								
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ ,1 , <u>540</u> . <u>00</u>	Total Monetary \$ ,1 ,176 .19								
In-Ki	nd \$,,,000									
		(8) Other Distributions \$ , , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>1</u> , <u>540</u> . <u>00</u>	\$, <u>1</u> , <u>176</u> . <u>19</u>								
<u>(T</u>	(11) Cert It is a first degree misdemeanor for any pers certify that I have examined this report and it is true, corr  ype name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	, , , , ,								
X		_X								
Sic	gnature	Signature								

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

(1) NameMar	tin C. Ba	rber,	JR	(2) I.D. Number							
	4/1/2020			4/30/	/2020						
(3) Cover Period		/	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
4/8/2020 / /	Barber, Martin 11 NE 244 St Cross City, FL 32628	Ī	self employeed	CA			\$340.0
4/28/2020	Barber, Martin 111 NE 244 St Cross City, FL 32628	S	gun shop owner	CA			\$1,200.0
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J I							
1 1							

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

(1) Name _1	Martin	C.	Barbe	er, i	JR		PP-10- PM 11-0	 (2) I.D. Nun	nber	1	L <b>74</b>	
		4/1	/2020			4/30/2	020		-			
(3) Cover P	eriod		1	1	through	1	1	(4) Page	1	of	1	

(5)	(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
4/14/2020	Supervisor of Elections, PO Box 2057 Cross City, FL 32628	petition verification	МО		\$13.10
1					
4/27/2020	The Print Shop, 224 N Main Street Chiefland, FL 32626	campaign signs	МО		\$1,163.09
2					
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DS-DE 14 (Rev					