

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christie K. Johnson
 Name
 (2) 1360 SE 349 Hwy
 Address (number and street)
Old Town, FL 32680
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1242896]

Submitted on:
 2/1/2021 13:34:30 (eastern)

Check here if address has changed

(3) ID Number: 186

(4) Check appropriate box(es):

- Candidate Office Sought: Clerk of the Circuit Court & Comptroller
- 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 10 / 30 / 2020 To 2 / 1 / 2021 Report Type: TR4

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 \$, , 444 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 444 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 11 , 634 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 11 , 634 . 27

(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 Christie K. Johnson (2) I.D. Number 186

10/30/2020 through 2/1/2021

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (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 Christie K. Johnson

(2) I.D. Number 186

(3) Cover Period 10/30/2020 through 2/1/2021

(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					
12/31/1969 //	,			Delete	\$0.00
1					
11/3/2020 //	GILES, TRINA SR 349 OLD TOWN, FL 32680	poll worker	MO	Add	\$100.00
2					
11/3/2020 //	GILES, JOE SR 349 OLD TOWN, FL 32680	poll worker	MO	Add	\$100.00
3					
11/3/2020 //	GILES, WENDY SR 349 OLD TOWN, FL 32680	poll worker	MO	Add	\$100.00
4					
11/3/2020 //	GILES, LJ SR 349 OLD TOWN, FL 32680	poll worker	MO	Add	\$100.00
5					
11/3/2020 //	DOLLAR GENERAL, 5335 SR-349 OLD TOWN, FL 32680	drinks and ice for poll workers	MO	Add	\$44.00
6					
//					
//					