CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Cheryl C. Pridgeon	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1229906]							
(2) PO Box 1092 Address (number and street)	Submitted on:							
Cross City, FL 32628	9/9/2020 14:22:01 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 188							
(4) Check appropriate box(es):								
Candidate Office Sought: School Board	Member - District 1							
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 <u>8</u> / <u>22</u> / <u>2020</u> To	9/ 4/ 2020 Report Type:G2							
Original Amendment Spo	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, <u>1</u> , <u>000</u> . <u>00</u>	Expenditures \$, , , 0 . 00							
Loans \$,,0.00	Transfers to							
	Office Account \$,, 0 . 00							
Total Monetary \$, <u>1</u> , <u>000</u> . <u>00</u>								
• • • • • • • • • • • • • • • • • • •	Total Monetary \$, , , 00							
In-Kind \$,, 0 00	(8) Other Distributions							
	(8) Other Distributions \$,, 000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>5</u> _, <u>000</u> . <u>00</u>	\$, <u>3</u> , <u>744</u> . <u>54</u>							
	tification							
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)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
<u>X</u>	<u>X</u>							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Cheryl C. Pridgeon	idgeon (2) I.D. Number 188					
	8/22/2020		9	/4/2020		. 1	. 1
(3) Cover Pe	riod / /	thr	ough	<i>II</i>	(4) Pag	e	of
(5)	(7)	1	(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
	Pridgeon, Cheryl C		realtor	CA	in a second s		\$1,000.0
9/2/2020 / /	PO Box 1092 Cross City, FL 32628						
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Cheryl C. Pridgeon (2) I.D. Number 188							
(3) Cover Period	8/22/2020 //through	9/4/2020	(4) Page <u>1</u>	of	0		
(5) Date (6) Sequence Number	(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		
_/ /							
_/ /							
_/ /							
_/ /							
//							
11							
_ / /							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES