CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Cheryl C. Pridgeon	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	PO Box 1092	[1218302]								
	Address (number and street)	Submitted on:								
	Cross City, FL 32628	7/20/2020 12:40:49 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 188								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: School Board Member - District 1</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>									
	(5) Report	Identifiers								
Cove		7 / <u>17</u> / <u>2020</u> Report Type: <u>P4</u>								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casł	n & Checks \$ ,1 , <u>000</u> . <u>00</u>	Monetary								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ ,1 ,00000	Total Monetary \$ , 1 ,137 . 00								
In-Ki	nd \$ , , 0 . 00									
		(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$,3 ,00000	\$, <u>2</u> , <u>732</u> . <u>28</u>								
<u>(T</u>	(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  Treasurer Deputy Treasurer Candidate Chairperson (only for PC and PTY) Candidate Chairperson (only for PC and PTY)									
X		_X								
Sig	gnature	Signature								

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

(1) Name	Cheryl C. Pridgeon			(2) I.D. Number						
	7/11/2020			/17/2020						
(3) Cover Perio	od / /	thro	ough	11	(4) Page	e <sup>1</sup>	of <sup>1</sup>			
0000			1000			·-				
(5)	(7)		(8)	(9)	(10)	(11)	(12)			
Date	Full Name									
(6)	(Last, Suffix, First, Middle)									
Sequence	Street Address &	C	ontributor	Contribution	In-kind					
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount			
7/15/2020	Pridgeon, Cheryl C	S	realtor	CA			\$1,000.0			
1/15/2020	PO Box 1092 Cross City, FL 32628									
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name Chery	rl C.	Pri	dgeon				 (2) I.D. Nur	nber	-	188	
	7/3	11/2	020		7/17/2	020	*				
(3) Cover Period		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
7/15/2020	Signs & Designs by Stacey, 212 SE 22 Ave Cross City, FL 32628	window decals	МО		\$128.40
1	Cross City, FL 52020				
7/15/2020	The Print Shop, 224 North main Street Chiefland, FL 32626	bulk mail	МО		\$1,008.60
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