	CAMPAIGN TREASURER'S REPORT SUMMARY											
(1)	Michelle Fowler Cannon	OFFICE USE ONLY										
	Name	ONLINE SUBMISSION										
(2)	312 NE 146 Ave	Submitted on:										
	Address (number and street)	6/9/2020 11:22:45 (eastern)										
	Old Town, FL 32680											
	City, State, Zip Code	(0) 17 N 1										
	Check here if address has changed	(3) ID Number:189										
(4)	Check appropriate box(es):											
	☐ Candidate Office Sought: Tax Collector	•										
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded										
	☐ Party Executive Committee (PTY) ☐ Check here if PT or ECO has disbanded ☐ Check here if PTY has disbanded											
	☐ Independent Expenditure (IE) (also covers an ☐ Check here if no other IE or EC reports will be filed											
	individual making electioneering communications)											
(5) Report Identifiers												
Cover Period: From 5 / 1 / 2020 To 5 / 31 / 2020 Report Type: M5												
☐ Original ☐ Amendment ☐ Special Election Report												
(6)	Contributions This Report	(7) Expenditures This Report										
Casl	h & Checks \$, , <u>100</u> . <u>00</u>	Monetary										
Loar	s,,,	Transfers to Office Account \$, , 0 . 00										
Tota	Il Monetary \$, , 100 . 00											
		Total Monetary \$, , _10 . 60										
In-Ki	ind \$, , <u>0</u> . <u>00</u>											
		(8) Other Distributions \$, , 000_										
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date										
	\$,, <u>100</u> 00	\$,, <u>10</u> . <u>60</u>										
		tification on to falsify a public record (ss. 839.13, F.S.)										
Ιc	pertify that I have examined this report and it is true, corr	rect, and complete:										
		1										
	ype name) Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)										
X		x										
	gnature	Signature										

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Michelle Fowler Can	non			2) I.D. Numbe	er <u>1</u>	89	
	5/1/2020 od///		5	/31/2020	(4) Pag			
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor		(9)	(10) In-kind	(11)	(12)	
Number 5/5/2020 / / 1	City, State, Zip Code Cannon, Michelle 312 NE 146 AVE Old Town, F1 32680	Type S	Occupation	Type CH	Description	Allenument	### \$100.0	
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/ /								
1 1								
/ /								
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1 1								

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Michelle	Fowle	er Ca	nnon			 (2) I.D. Nun	nber	1	L89	
	5,	/1/202	0		5/31/20	020					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5) Date Date (6) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Supervisor of Elections, Po Box 2057 Cross City, Ft 32628 1 (8) (9) (10) (1 Expenditure Type Amendment Ame	\$10.60
Cross City, FL 32628	\$10.60
	2,
DS-DE 14 (Rev. 11/13)	