CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Timothy W. Alexander	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1209275]						
(2) 1411 NE 351 Hwy Address (number and street)	Submitted on:						
Cross City, FL 32628	6/9/2020 12:59:37 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 191						
(4) Check appropriate box(es):							
Candidate Office Sought: School Board	Member - District 4						
Political Committee (PC) Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded						
	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>5</u> / <u>1</u> / <u>2020</u> To	5 / <u>31</u> / <u>2020</u> Report Type: <u>M5</u>						
☑ Original ☐ Amendment ☐ Sp.	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
¢ 100 00	Monetary						
Cash & Checks \$, , <u>100</u> . <u>00</u>	Expenditures \$,, <u>10</u> .20						
Loans \$,,0.00	Transfers to						
	Office Account \$,, 0 . 00						
Total Monetary \$,, <u>100</u> . <u>00</u>							
¢ 0.00	Total Monetary \$, , _10 . 20						
In-Kind \$,, <u>0</u> .00	(8) Other Distributions						
	(8) Other Distributions \$, , 000_						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>100</u> · <u>00</u>	\$,, <u>10</u> . <u>20</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)	(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	Timothy W. Alexande	(2) I.D. Number						
	5/1/2020			/31/2020				
(3) Cover Peri	od / /	thre	ough	11	(4) Page	e <u>1</u>	of _1	
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &		ontributor	Contribution	In-kind	Ausaudusaut	A	
Number	City, State, Zip Code Alexander, Timothy		Occupation county	Type CA	Description	Amendment	Amount \$100.00	
5/6/2020	W		manager	CA			¢100.00	
1 1	1411 NE 351 Hwy							
1	Cross City, FL 32628							
1 1								
1 1								
	_							
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1 1								
	_							
1 1	_							
1 1	_							
1 1	_							
1 1	-							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Timo	CAMPAIGN TREASURER		EXPENDITURES () I.D. Number 191		
(3) Cover Period	5/1/2020 I/through_	5/31/2020	4) Page <u>1</u>	of	1
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)
Number	City, State, Zip Code Supervisor of Elections, PO Box 2057	candidate)	Type MO	Amendment	Amount \$10.20
	P0 Box 2057 Cross City, FL 32628	verification			
_/ /					
_ / /					
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11					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES