

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Crystal M. Bush
 Name
 (2) 11354 NE 349 Hwy
 Address (number and street)
Old Town, FL 32680
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1129222]
 Submitted on:
 10/6/2016 15:33:29 (eastern)

Check here if address has changed

(3) ID Number: 145

(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 10 / 1 / 2016 To 10 / 7 / 2016 Report Type: G4

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 \$, , 12 . 90

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 12 . 90

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 2 , 450 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 395 . 21

(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 Crystal M. Bush (2) I.D. Number 145

10/1/2016 through 10/7/2016

(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 Crystal M. Bush

(2) I.D. Number 145

(3) Cover Period 10/1/2016 through 10/7/2016

(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					
10/3/2016 //	Supervisor of Elections, P O Box 2057 Cross City, FL 32628	label set up	MO		\$12.90
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