

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Barbara Sanders  
 Name

(2) 215 West 12th St.  
 Address (number and street)

St. George Island, FL 32328  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1180494]

Submitted on:  
 11/26/2018 11:54:12 (eastern)

Check here if address has changed

(3) ID Number: 171

(4) Check appropriate box(es):

Candidate Office Sought: County Judge

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 8 / 24 / 2018 To 11 / 26 / 2018 Report Type: TRP

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 \$        , 1 , 000 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 1 , 000 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 42 , 540 . 87

### (10) TOTAL Monetary Expenditures To Date

\$        , 42 , 183 . 07

### (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 Barbara Sanders (2) I.D. Number 171

8/24/2018 through 11/26/2018

(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 Barbara Sanders

(2) I.D. Number 171

(3) Cover Period 8/24/2018 through 11/26/2018

(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
10/30/2018 / /	CEBS, P.O. Box 72 Apalachicola, fl 32329	refund of donation to cebs	RE		\$1,000.00
1					
11/26/2018 / /	Sanders, Barbara P.O. Box 157 Apalachicola, fl 32329	repay candidate loans	DI		\$1,354.58
2					
/ /					
/ /					
/ /					
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