| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | | |
|---|---|---|--|--|--|--|--|--|
| (1) | Committee to Elect Barbara Sanders | OFFICE USE ONLY | | | | | | |
| | Name | ONLINE SUBMISSION | | | | | | |
| (2) | Po Box 157 | Submitted on: | | | | | | |
| | Address (number and street) | 7/27/2018 11:45:53 (eastern) | | | | | | |
| | Apalachicoal, FL 32320 | | | | | | | |
| | City, State, Zip Code | | | | | | | |
| | Check here if address has changed | (3) ID Number:172 | | | | | | |
| (4) | Check appropriate box(es): | | | | | | | |
| | Candidate Office Sought: | | | | | | | |
| | ☒ 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 | Check here if no other IE or EC reports will be filed | | | | | | |
| | individual making electioneering communications) | | | | | | | |
| | (5) Report | dentifiers | | | | | | |
| Cove | er Period: From 7 / 7 / 2018 To | | | | | | | |
| | | ecial Election Report | | | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | | | |
| (-) | Communication Company | Monetary | | | | | | |
| Casl | n & Checks \$, , 0 . 00 | Expenditures \$, 1,000.00 | | | | | | |
| 00.0. | | | | | | | | |
| Loar | ns \$,,,000 | Transfers to | | | | | | |
| | | Office Account \$, , 0 . 00 | | | | | | |
| Tota | I Monetary \$, , 0 . 00 | | | | | | | |
| | | Total Monetary \$,1 , 000 . 00 | | | | | | |
| In-Ki | ind \$,,, <u>0</u> . <u>00</u> | | | | | | | |
| | | (8) Other Distributions | | | | | | |
| | | \$, , <u>0</u> . <u>00</u> | | | | | | |
| (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | | | |
| () | \$, _ 7 , _27500_ | \$, 2 , 539 . 57 | | | | | | |
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| | | tification | | | | | | |
| 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: | | | | | | | | |
| (T | ype name) | (Type name) | | | | | | |
| | Individual (only for IE | ☐ Candidate ☐ Chairperson (only for PC and PTY) | | | | | | |
| Х | | x | | | | | | |
| | gnature | Signature | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | Committee to Elect | Barbara | Sanders | 2) I.D. Numbe | r <u> </u> | 72 |
|---------------------------|--|-----------------------|------------------|------------------------|------------|--------|
| | 7/7/2018 | | 7/20/2018 | | | |
| (3) Cover Perio | od// | through | 11 | (4) Pag | e | of |
| (5) Date | (7) Full Name | (8) | (9) | (10) | (11) | (12) |
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Contribu Type Occi | tor Contribution | In-kind Description | Amendment | Amount |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name | Committee | to | Elect | Barbara | Sanders | 997307 998 711 | (2) I.D. Num | nber | | 172 | |
|---------------|-----------|-----|-------|---------|---------|----------------|------------------|------|----|-----|--|
| | 7/7/ | 201 | L8 | | 7/20/2 | 018 | * * | | | | |
| (3) Cover Per | riod / | | 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 |
| 7/16/2018 | Barbara Sanders Candidate, P.O. Box 424 Apalachicola, fl 32329 | contribution to support election of bsanders | МО | | \$1,000.00 |
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