

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Suzanne Michele Maxwell

Name

(2) P.O. Box 491

Address (number and street)

Apalachicola, FL 32329

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 193

OFFICE USE ONLY

ONLINE SUBMISSION

[1188402]

Submitted on:

6/5/2019 09:52:31 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: Clerk of the Circuit Court

☐ 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 5 / 1 / 2019 To 5 / 31 / 2019 Report Type: M5

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, 1 , 000 . 00

Total Monetary \$, 1 , 000 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 0 . 00

(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 Suzanne Michele Maxwell (2) I.D. Number 193
 5/1/2019 5/31/2019
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description		
5/31/2019 / /	MAXWELL, SUZANNE MICHELE 72 CHAPMAN RD APALACHICOLA, FL 32320	S	candidate	LO	initial deposit loan to self		\$1,000.00
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/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Suzanne Michele Maxwell

(2) I.D. Number 193

(3) Cover Period 5/1/2019 through 5/31/2019

(4) Page 1 of 0

(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
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