CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Steve Lanier	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	126 Hickory Dip Rd.	Submitted on:							
	Address (number and street)	8/26/2020 14:08:17 (eastern)							
	Eastpoint, FL 32328								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:196							
(4)	• • • • • • • • • • • • • • • • • • • •								
	 ☐ Candidate Office Sought: Superintendent of Schools ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 								
(5) Report Identifiers									
Cove	er Period: From 8 / 14 / 2020 To	8 / 21 / 2020 Report Type: G1							
X o	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$, , <u>500</u> . <u>00</u>		Monetary							
Loans \$,,,000		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , <u>500</u> . <u>00</u>								
In-Ki	ind \$,,,000	Total Monetary \$, , 0 . 00							
		(8) Other Distributions \$, , 000_							
(9)	TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$,							
(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 Deputy Treasurer or electioneering comm.) (Type name) Candidate Chairperson (only for PC and PTY)									
<u>X</u>		X							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Steve Lanier	(2) I.D. Number						
8/14/2020		8/21/2020						
(3) Cover Perio	od//	through	_ 1 1	(4) Page	e <u>1</u>	of		
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		In-kind Description	Amendment	Amount		
8/20/2020 / /	Johnson, Malcolm & Mary 405 Caddie Drive De Barry, FL 32713	I business owner	CH			\$500.0		
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DS-DE 13 (Rev. 11/1	3)	SEE REVERSE FOR	R INSTRUCTIONS	AND CODE VAL	UES			

(1) Name Steve	EXPENDIT 2) I.D. Number				
(3) Cover Period	8/14/2020 /through	8/21/2020	4) Page1	of _	0
(5) Date (6) Sequence	(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)	(11) Amount
Number / /	Ony, otate, Esp ooue	Janarate		, monument	,,,,,
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