CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Melonie Kay Inzetta	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1204008]						
(2) 290 N Bayshore Dr	Submitted on:						
Address (number and street)	4/9/2020 10:50:03 (eastern)						
Eastpoint, FL 32328 City, State, Zip Code							
Check here if address has changed	(3) ID Number: 197						
(4) Check appropriate box(es):							
 Candidate Office Sought: <u>School Board Member Dist 1</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 							
(5) Report Identifiers							
Cover Period: From <u>3</u> / <u>1</u> / <u>2020</u> To	3/ 31/ 2020 Report Type:M3						
🖾 Original 🗌 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 000	Monetary Expenditures \$, , , 2 . 00						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,0 00						
Total Monetary \$	Total Monetary \$,,,,						
	(8) Other Distributions						
	\$,, 00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>160</u> . <u>00</u>	\$,,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)	(Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name <u>Melonie Kay Inzetta</u> (2) I.D. Number					r1	197	
	3/1/2020			3/31/2020				
(3) Cover Peri	od / /	thro	bugh	<i>II</i>	(4) Page	e	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1	_							
/ /	-							
/ /	-							
					-			
1 1	-							
1 1	_							
J I	-							
1 1	_							
1 1	-							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Melo	nie Kay Inzetta	(2	EPORT – ITEMIZED EXPENDITURES (2) I.D. Number 197				
(3) Cover Period	3/1/2020	3/31/2020	4) Page <u>1</u>	of	1		
(5) Date (6) Sequence Number	(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		
	Supervisor of Elections, 47 Ave. F apalacicola, fl 32320	petitions expense	МО		\$2.00		
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11							
11							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES