CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Charlie Frost	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	4935 Bainbridge Highway	Submitted on:							
	Address (number and street)	5/31/2018 00:50:28 (eastern)							
	Quincy, FL 32352  City, State, Zip Code	<del></del>							
	Check here if address has changed	(3) ID Number: 189							
(4)		(3) ID Number.							
(4)	Check appropriate box(es):  Candidate Office Sought: School Board	District 4							
	☐ Candidate Office Sought: School Board Political Committee (PC)	DISCIPLE 4							
	☐ 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 individual making electioneering communications)	Check here if no other IE or EC reports will be filed							
	(5) Report	Identifiers							
Cove	er Period: From $5 / 1 / 2018$ To	5 / 31 / 2018 Report Type: <u>M5</u>							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash	n & Checks \$ , , 0 . <u>00</u>	Expenditures \$ , , <u>50</u>							
Loon	ns \$ , , 0.00	Transfers to							
Loar	, , , , , , , , , , , , , , , , , , ,	Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , , 0 . 00	, , , ,							
Tota	,,,,,	Total Monetary \$ , 0 . 50							
In-Ki	nd \$ , , 0.00	,, ,,							
	<del></del>	(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
(-)	\$ , , 100 . 00	\$ , , 600_							
	· ·								
		tification on 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:									
	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	Charlie Frost		(2) I.D. Number								
	5/1/2018		5	/31/2018							
(3) Cover Perio	od//	thro	ough	<i>l l</i>	(4) Page	è <u>1</u>	of				
(5)	(7)		(8)	(9)	(10)	(11)	(12)				
Date	Full Name		(6)	(9)	(10)	Cin	(12)				
(6)	(Last, Suffix, First, Middle)										
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	A ma a cont				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount				
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Cl	Charlie Frost					120000 6200000	(2) I.D. Nun		189			
	5	/1/20	18		5/31/20	18		• •				
(3) Cover Pe	riod	1	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
5/31/2018	Supervisor of Electiom, of 16 South Madison St Quincy, Fl 32351	petitions	МО		\$0.50
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