	CAMPAIGN TREASURE	ER'S REPORT SUMMARY					
(1)	Cathy Johnson	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	517 Country Lane	Submitted on:					
	Address (number and street)	2/10/2020 21:59:52 (eastern)					
	Havana, FL 32333  City, State, Zip Code	<del></del>					
	☐ Check here if address has changed	(3) ID Number: 236					
(4)	Check appropriate box(es):	(6)					
(")							
	Political Committee (PC)						
		Check here if PC or ECO has disbanded					
		<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>					
	individual making electioneering communications)	Check here if no other in or no reports will be med					
_		dentifiers					
Cove	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2020}$ To	1 / 31 / 2020 Report Type: M1					
<u> </u>	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	h & Checks \$ , , ,000	Expenditures \$ , , 0 . 00					
1 20"	s 0 00	To a family					
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$					
Tota	Il Monetary \$ , , 0 . 00	Office Account \$ , , , 0 . 00					
TULA	,,,	Total Monetary \$ , , 0 . 00					
In-Ki	ind \$ , , 0.00	,,,					
III IX	,, ,, ,, ,,	(8) Other Distributions					
		\$,, 000_					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$,, <u>0</u> . <u>00</u>	\$ , , 000					
	(11) Cert	tification					
	It is a first degree misdemeanor for any person						
Ιc	certify that I have examined this report and it is true, corre	rect, and complete:					
(T	ype name)	(Type name)					
	Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)					
or	electioneering comm.)						
х		×					
	gnature	Signature					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number					
	1/1/2020		1	/31/2020					
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Page	e <u>1</u>	of		
				1	Г				
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
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DS-DE 13 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

) Cover Period _	1/1/2020 1/ /through	31/2020 _//(4	4) Page <u>1</u>	of	0
(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)	(11)
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