CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Susan P Owens	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1210468]							
(2)	9009 SW 27th Court	Submitted on:							
	Address (number and street) Trenton, Fl 32693	6/15/2020 09:19:37 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 192							
(4)	Check appropriate box(es):								
` '	☐ Candidate Office Sought: Sch Board Dis	t 2							
	Political Committee (PC)								
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ 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							
individual making electioneering communications)									
	(5) Report	Identifiers							
Cove		9 / 9 / 2020 Report Type: TRJ							
X O		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
` '		Monetary							
Cash	h & Checks \$ , , _12 . 00	Expenditures \$ , , 0 . 00							
	<b>f</b>								
Loans \$,,,0.00		Transfers to Office Account \$							
Tota	I Monetary \$ , , 12 . 00	Office Account \$ , , , 0 . 00							
Tota	, , , , , ,	Total Monetary \$ , , 0 . 00							
In-Ki	ind \$ , , 0.00	,,							
		(8) Other Distributions							
		\$,,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$,, <u>12</u> 00	\$ , , <u>0</u> . <u>00</u>							
	40.0								
	(11) Cert It is a first degree misdemeanor for any pers								
I certify that I have examined this report and it is true, correct, and complete:									
	ype name)  Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)							
	electioneering comm.)								
Х		×							
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Susan P Owens		(2) I.D. Number					
	6/1/2020			9/9/2020				
(3) Cover Peri	od//	thro			(4) Page	1	of <sup>1</sup>	
	·		0000			1		
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount	
6/8/2020	Owens, Susan	S	teacher	CH	petition		\$12.0	
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100 40	Tremedit, FE 32033							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES  (1) Name Susan P Owens (2) I.D. Number 192										
	6/1/2020 9/9/ <u>/</u> through /	2020	1) Page <u>1</u>		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) Amount					
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