CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) (2) (4)	Name 7670 NW 17th Court Address (number and street) Bell, Fl 32619 City, State, Zip Code Check here if address has changed Check appropriate box(es):	OFFICE USE ONLY ONLINE SUBMISSION [1228697] Submitted on: 8/31/2020 14:24:53 (eastern) (3) ID Number: 204						
	 ☐ Candidate Office Sought: Tax Collector ☐ 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 							
_	` ' '	Identifiers						
	er Period: From 2 / 1 / 2020 To							
0	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	n & Checks \$, , <u>500</u> . <u>00</u>	Monetary						
Loar		Transfers to Office Account \$, , 0 . 00						
Tota In-Ki	I Monetary \$,, <u>500</u> . <u>00</u> Ind \$,, 0 . 00	Total Monetary \$, , ,0 . <u>00</u>						
		(8) Other Distributions \$, , 000						
(9)	TOTAL Monetary Contributions To Date \$,14 , _48510	(10) TOTAL Monetary Expenditures To Date \$,13 , _86420						
(T	(11) Cert It is a first degree misdemeanor for any pers certify that I have examined this report and it is true, corr gpe name) Individual (only for IE	, , ,						
X		X						
Si	gnature	Signature I						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

•						04	
(3) Cover Peri	od////	thro		/29/2020 ///	(4) Pag	je <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
2/10/2020 / /	Jones, Tom 2016 NW 20TH Lane Gainesville, Fl 32605		supervison of mri	CH The CH		Add	\$500.0
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

Name Terry	2/1/2020 2/		2) I.D. Numbe	3	
Cover Period	/through		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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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES						

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