CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Thomas Amos Buttram	OFFICE USE ONLY						
Name (2) 211 7th Street	ONLINE SUBMISSION [1201850]						
(2) 211 7th Street Address (number and street)	Submitted on:						
Port St Joe, FL 32456	3/10/2020 10:48:09 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: <u>302</u>						
(4) Check appropriate box(es):							
Candidate Office Sought: School Board	Dist 4						
Political Committee (PC) 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							
Cover Period: From $2 / \frac{1}{2020}$ To	2 / <u>29</u> / <u>2020</u> Report Type: <u>M2</u>						
Criginal Amendment Sp	pecial Election Report						
(6) Contributions This Report (7) Expenditures This Report							
¢ 50.00	Monetary						
Cash & Checks \$,, 50 . 00	Expenditures \$,,,						
Loans \$,,0.00	Transfers to						
	Office Account \$,,,						
Total Monetary \$,, 50 . 00							
* 0.00	Total Monetary \$						
In-Kind \$,, 0 00	(9) Other Distributions						
	(8) Other Distributions \$,,,0.						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>50</u> . <u>00</u>	\$,,,						
	rtification						
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)						
<u>X</u>	<u>X</u>						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Thomas Amos Buttram</u>				(2) I.D. Number					
2/1/2020				/29/2020					
(3) Cover Perio	od / /	thro			(4) Pag	e _1	of _1		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)		
Sequence	Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount		
2/3/2020 / /	Buttram, Tom 211 7th Street Port Saint Joe, FL 32456		retired	СН			\$50.0		
1									
1 1	-								
1 1	_								
1 1	-								
1 1	-								
F I									
1 1	-								
/ /	_								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Thoma	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES 1) Name							
	2/1/2020 2 / / through	2/29/2020	4) Page <u>1</u>		0			
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)			
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount			
_/ /								
_/ /								
_/ /								
_/ /								
_/ /								
_/ /								
11								

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