CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Thomas Amos Buttram	OFFICE USE ONLY						
Name (2) 211 7th Street	ONLINE SUBMISSION [1203651]						
(2) 211 7th Street Address (number and street)	Submitted on:						
Port St Joe, FL 32456	4/7/2020 15:38:56 (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: <u>School Board</u>	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 <u>3</u> / <u>1</u> / <u>2020</u> To	3/ 31/ 2020 Report Type:M3						
☐ Original ☐ Amendment ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
(Monetary						
Cash & Checks \$, , , 0 . 00	Expenditures \$,, <u>10</u> .00						
Loans \$,,0.00	Transfers to						
	Office Account \$,,,0 . 00						
Total Monetary \$,,,0 00							
^	Total Monetary \$, , <u>10</u> . <u>00</u>						
In-Kind \$,, <u>0</u> .00							
	(8) Other Distributions \$,,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>50</u> . <u>00</u>	\$,, <u>10</u> . <u>00</u>						
(11) Certification							
lt 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						

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name <u>Thomas Amos Buttram</u>				<u>(2)</u> I.D. Number <u>302</u>				
	3/1/2020			3/31/2020					
(3) Cover Perio	od / /	thro	ough	11	(4) Pag	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1									
+ 1	-								
/ /	-								
1 1									
1 1									
1 1	-								
1 1									
/ /									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Thom	CAMPAIGN TREASURER' as Amos Buttram) EXPENDIT 2) I.D. Number	302	
	3/1/2020 / through_	3/31/2020	4) Page <u>1</u>		1
(5) Date (6) Sequence	(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) Amendment	(11) Amount
	Capital City Bank, Tom PO Box 900 Tallahassee, FL 32302	account service charge	МО		\$10.00
1					
_/ /					
_ / _					
_/ /					
_/ /					
_/ /					
11					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES