CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Deborah Crosby	OFFICE USE ONLY					
( ' -	Name	ONLINE SUBMISSION					
(2)	307 Avenue D	[1238220]					
	Address (number and street)	Submitted on:					
_	Port St Joe, FL 32456	11/5/2020 14:04:05 (eastern)					
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:303					
(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					
	<ul><li>☐ Party Executive Committee (PTY)</li><li>☐ Independent Expenditure (IE) (also covers an</li></ul>	<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)	_ Oncor here it no other in or no reports will be med					
_		Identifiers					
Cove	er Period: From $10 / 17 / 2020$ To	10 / 29 / 2020 Report Type: <u>G6</u>					
☐ Or	riginal 🗵 Amendment 🗌 Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	& Checks \$ , , 0.00	Expenditures \$ , , 0.00					
Loan	s \$,, <u>0</u> . <u>00</u>	Transfers to					
	_	Office Account \$ , , , 0 . 00					
Total	Monetary \$,,						
		Total Monetary \$ , , 0 . 00					
In-Kir	nd \$,, <u>0</u> . <u>00</u>						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
,	\$,2, 125. 00	\$, _ 1 , _87540_					
		· / /					
		tification					
	It is a first degree misdemeanor for any pers	on 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:							
(Tv	rpe name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
or e	electioneering comm.)						
Х		×					
	gnature	Signature					

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Deborah Crosby				2) I.D. Numbe	er3	303
	10/17/2020		1	0/29/2020			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e	of
		T					
(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		Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Deborah Crosby			Secretary And the control of the con	(2) I.D. Number _		303		
(3) Cover Period	/17/2020 _//		9/2020	(4) Page	1	of	0	

(5)	(7)	(8)	(9)	(10)	(11)
Date  (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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DS-DE 14 (Rev.	11/13 \				