CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Deborah Crosby	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	307 Avenue D	Submitted on:								
	Address (number and street)	11/5/2020 12:30:37 (eastern)								
	Port St Joe, FL 32456 City, State, Zip Code									
		(2) ID Noveley								
•	Check here if address has changed	(3) ID Number:								
(4)	Check appropriate box(es):									
		Dist 4								
	☐ 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								
	marriada marrig diseasones mig communications,									
(5) Report Identifiers										
Cove	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2020}$ To	11 / 15 / 2020 Report Type: P-TR								
X O	riginal Amendment Spo	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
		Monetary								
Casl	n & Checks \$, , ,000	Expenditures \$, , _63 . 20								
	s \$, , 0.00									
Loar	s , , , , 000	Transfers to Office Account \$								
Tota	I Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00								
Tota	,,,,,,	Total Monetary \$, 63.20								
In-Ki	ind \$, , 0.00	,, ,, ,								
	<u> </u>	(8) Other Distributions								
		\$,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
(3)	\$, 1 , 650 . 00	\$,1 ,87540_								
	· · · · · · · · · · · · · · · · · · ·	Ψ <u> </u>								
		tification								
		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:										
_(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		×								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Deborah Crosby	orah Crosby					103
	1/1/2020		. 1	1/15/2020		1	
(3) Cover Per	iod / /	thro	ough	<i>l l</i>	(4) Pag	je <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Deborah	Crosb	У				 (2) I.D. Nun	nber	3	303	
	1	/1/20	20		11/15/2	2020	~ ~				
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
9/2/2020	The Star, P O Box 308 Port Saint Joe , FL 32457	ad in newspaper	MO		\$63.20
1	Port Saint Joe , FL 32457			3	·
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