| CAMPAIGN TREASURER'S REPORT SUMMARY                                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                           |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| (1)                                                                       | Susan D Duval                                                                                                                                                                                                                                                                                                                                                                                                               | OFFICE USE ONLY                                                                                                                           |  |  |  |  |  |  |  |
|                                                                           | Name                                                                                                                                                                                                                                                                                                                                                                                                                        | ONLINE SUBMISSION                                                                                                                         |  |  |  |  |  |  |  |
| (2)                                                                       | P.O Box 10818                                                                                                                                                                                                                                                                                                                                                                                                               | Submitted on:                                                                                                                             |  |  |  |  |  |  |  |
|                                                                           | Address (number and street) Brooksville, Fl 34603                                                                                                                                                                                                                                                                                                                                                                           | 6/6/2022 11:43:39 (eastern)                                                                                                               |  |  |  |  |  |  |  |
|                                                                           | City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                       | <del></del>                                                                                                                               |  |  |  |  |  |  |  |
|                                                                           | Check here if address has changed                                                                                                                                                                                                                                                                                                                                                                                           | (3) ID Number: 512                                                                                                                        |  |  |  |  |  |  |  |
| (4)                                                                       | Check appropriate box(es):                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                           |  |  |  |  |  |  |  |
|                                                                           | <ul> <li>☑ Candidate Office Sought: School Board, Dist 5</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul> |                                                                                                                                           |  |  |  |  |  |  |  |
|                                                                           | (5) Report                                                                                                                                                                                                                                                                                                                                                                                                                  | Identifiers                                                                                                                               |  |  |  |  |  |  |  |
| Cove                                                                      | er Period: From 5 / 1 / 2022 To                                                                                                                                                                                                                                                                                                                                                                                             | 5 / 31 / 2022 Report Type: M5                                                                                                             |  |  |  |  |  |  |  |
| X O                                                                       | riginal Amendment Spe                                                                                                                                                                                                                                                                                                                                                                                                       | ecial Election Report                                                                                                                     |  |  |  |  |  |  |  |
| (6)                                                                       | Contributions This Report                                                                                                                                                                                                                                                                                                                                                                                                   | (7) Expenditures This Report                                                                                                              |  |  |  |  |  |  |  |
| Cash & Checks \$ ,1 , 600 . 00   Monetary   Expenditures \$ , , , ,0 . 00 |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                           |  |  |  |  |  |  |  |
| Loar                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                             | Transfers to Office Account \$ , , , 0 . 00                                                                                               |  |  |  |  |  |  |  |
| Tota                                                                      | Total Monetary \$ ,1 , 600 . 00                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                           |  |  |  |  |  |  |  |
| In-Ki                                                                     | ind \$,, <u>0</u> .00                                                                                                                                                                                                                                                                                                                                                                                                       | Total Monetary \$ , , , 0 . 00                                                                                                            |  |  |  |  |  |  |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                             | (8) Other Distributions \$ , , 000_                                                                                                       |  |  |  |  |  |  |  |
| (9)                                                                       | TOTAL Monetary Contributions To Date \$ , 1 , _60000                                                                                                                                                                                                                                                                                                                                                                        | (10) TOTAL Monetary Expenditures To Date \$ , , 000                                                                                       |  |  |  |  |  |  |  |
| (T                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             | tification on to falsify a public record (ss. 839.13, F.S.) rect, and complete:  (Type name)  Candidate Chairperson (only for PC and PTY) |  |  |  |  |  |  |  |
| X                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             | X                                                                                                                                         |  |  |  |  |  |  |  |
| Si                                                                        | gnature                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature                                                                                                                                 |  |  |  |  |  |  |  |

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name                  | Susan D Duval                                                              |      |                           |                      | 2) I.D. Numbe          | er <u> </u> | 12        |
|---------------------------|----------------------------------------------------------------------------|------|---------------------------|----------------------|------------------------|-------------|-----------|
|                           | 5/1/2022                                                                   |      |                           | /31/2022             |                        |             |           |
| (3) Cover Perio           | od "///                                                                    | thro | ough                      | 11_                  | (4) Pag                | le          | of        |
| (5)<br>Date               | (7)<br>Full Name                                                           |      | (8)                       | (9)                  | (10)                   | (11)        | (12)      |
| (6)<br>Sequence<br>Number | (Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | Туре |                           | Contribution<br>Type | In-kind<br>Description | Amendment   | Amount    |
| 5/10/2022                 | Duval, Susan D<br>PO Box 10818<br>Brooksville, FL 34603                    |      | school<br>board<br>member | СН                   |                        |             | \$1,600.0 |
| 1                         |                                                                            |      |                           |                      |                        |             |           |
| 1 1                       |                                                                            |      |                           |                      |                        |             |           |
|                           |                                                                            |      |                           |                      |                        |             |           |
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| I I                       |                                                                            |      |                           |                      |                        |             |           |
| 1 1                       |                                                                            |      |                           |                      |                        |             |           |
| 1 1                       |                                                                            |      |                           |                      |                        |             |           |
| / /                       |                                                                            |      |                           |                      |                        |             |           |

| 1) Name Susan                | AMPAIGN TREASURER'S F D Duval                                                      |                                                                | EXPENDITURES b) I.D. Number |      |      |
|------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------|------|------|
|                              | 5/1/2022 5/<br>//through                                                           | 31/2022                                                        | )<br>1) Page <u>1</u>       |      | 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)<br>Expenditure<br>Type  | (10) | (11) |
| //                           |                                                                                    |                                                                |                             |      |      |
| //                           |                                                                                    |                                                                |                             |      |      |
| //                           |                                                                                    |                                                                |                             |      |      |
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