CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Sally A. Harris	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	4504 S. Ferncroft Circle	[1197063]								
	Address (number and street)	Submitted on:								
	Tampa, FL 33629	1/6/2020 14:50:10 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:1819								
(4) Check appropriate box(es):										
 ☐ Candidate Office Sought: School Board Member, Dist. 7 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Check here if PC or ECO has disbanded ☐ 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 ☐ Check here if no other IE or EC rep										
	(5) Report	Identifiers								
Cove	er Period: From <u>12</u> / <u>1</u> / <u>2019</u> To									
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$,, 200 . 00	Monetary Expenditures \$,1 , 550 . 00								
Loar	s , , ,	Transfers to Office Account \$, , 0 . 00								
Tota	I Monetary \$, , <u>200</u> . <u>00</u>	Total Monetary \$,1 , <u>550</u> . <u>00</u>								
In-Ki	nd \$,,,000									
		(8) Other Distributions \$, , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$									
(11) Certification 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) Individual (only for IE Treasurer Deputy Treasurer Candidate Chairperson (only for PC and PTY)										
or	electioneering comm.)									
<u>X</u>		<u>X</u>								
Sig	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sally A. Harris			((2) I.D. Numbe	r1	819
	12/1/2019 od///		1:	2/31/2019			
(o) oover ren	, , , , , , , , , , , , , , , , , , ,				(+/ 1 ug		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	5.20	ontributor Occupation	Contribution	In-kind Description	Amendment	Amount
Number	Hampton, John		retired dr	Type CH	Description	Amendment	\$100.0
12/6/2019	2403 S. Ardson Place Tampa, Fl 33629						
1							
12/6/2019	Pride, Liza 2405 S.Ardson P Tampa, Fl 33629	I	retired	CA			\$100.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _S	ally A	Α.	Harr	is						 (2)	I.D. Nur	nber		18	19	
		12	/1/20	19			12/3	1/2	019							
(3) Cover Pe	riod		1	1	throu	ah	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
12/4/2019	Henriquez, Carrie 1802 W.Erna Drive Tampa, Fl 33603	marketing	МО		\$800.00
1					
12/19/2019	Henriquez, Carrie 1802 W.Erna Drive Tampa, Fl 33603	marketing	МО		\$750.00
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