CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Sally A. Harris	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1198597]							
(2)	4504 S. Ferncroft Circle	Submitted on:							
	Address (number and street)	2/3/2020 16:59:35 (eastern)							
	Tampa, FL 33629								
	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 PTY has disbanded ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) 								
	(5) Report	Identifiers							
Cove	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2020}$ To								
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , , 000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota In-Ki	I Monetary \$,,,00 Ind \$, , 0 . 00	Total Monetary \$, , <u>300</u> . <u>00</u>							
	Λ <u></u> Λ <u></u> Δ	(8) Other Distributions \$, , 000							
(9)	(9) TOTAL Monetary Contributions To Date \$, 6 , _93000								
(T	(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								
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sally A. Harris				2) I.D. Numbe	er1	819
	1/1/2020 od///	thro		/31/2020 ///	(4) Pag	e	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
J I							
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1 1							
1 1							
J I							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _S	ally A.	Harr	is				 (2) I.D. Nun	nber	1	.819	
	1,	1/20	20		1/31/20	20					
(3) Cover Pe	eriod	1	1	through	1	1	(4) Page	1	of	1	

(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
1/25/2020	Henriquez, Carrie 1802 W.Erna Drive	marketing	MO		\$300.00
1	Tampa, Fl 33603				
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