

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) April Griffin
 Name
 (2) P.O. Box 291075
 Address (number and street)
Tampa, FL 33687
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1200078]
 Submitted on:
 2/12/2020 15:10:17 (eastern)

Check here if address has changed

(3) ID Number: 1827

(4) Check appropriate box(es):

Candidate Office Sought: Tax Collector

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 2020 To 1 / 31 / 2020 Report Type: M1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, -1 , 000 . 00

Loans \$, , 0 . 00

Total Monetary \$, -1 , 000 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 17 , 526 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 6 , 043 . 10

(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 or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name April Griffin (2) I.D. Number 1827

1/1/2020 through 1/31/2020

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
1/16/2020 / /	Harris, Sally 4504 Ferncroft Circle Tampa, FL 33629	I	business owner	CH		Delete	\$500.00
1							
1/16/2020 / /	Harris, Sally 4504 Ferncroft Circle Tampa, FL 33629	I	business owner	CH		Add	\$0.00
2							
1/16/2020 / /	Harris, Sally 4504 Ferncroft Circle Tampa, FL 33629	I	business owner	CH		Delete	\$500.00
3							
1/16/2020 / /	Harris, Sally 4504 Ferncroft Circle Tampa, FL 33629	I	business owner	CH		Add	\$0.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name April Griffin

(2) I.D. Number 1827

(3) Cover Period 1/1/2020 through 1/31/2020

(4) Page 1 of 0

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