CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Bill Person	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1221820]						
(2) <u>3623 Marco Drive</u> Address (number and street)	Submitted on:						
Address (number and street) Tampa, FL 33614	7/31/2020 16:38:01 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 1852						
(4) Check appropriate box(es):							
 Candidate Office Sought: <u>School Board Member, Dist. 1</u> 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 7 / <u>18</u> / <u>2020</u> To	7 / <u>24</u> / <u>2020</u> Report Type: <u>P5</u>						
🖾 Original 🔄 Amendment 🔄 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , <u>50</u> . <u>00</u>	Monetary Expenditures \$, , , 0 . 00						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$						
Total Monetary \$	Total Monetary \$, , , 0 . 00						
······································	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>3</u> , <u>610</u> . <u>00</u>	\$, <u>1</u> , <u>793</u> . <u>75</u>						
(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) (Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
x	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Bill Person</u>			(2) I.D. Number						
	7/18/2020			/24/2020					
(3) Cover Peri	od / /	thro	bugh	<i>II</i>	(4) Page	• •	_ of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount		
	Hall, Pat	Í	retired	СН	Ri Li		\$50.00		
7/24/2020	2910 Harbor View Tampa, Fl 33611								
1									
1 1	-								
1 1	_								
1 1	_								
1 1	-								
1 1	_								
1 1									
1 1									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name_Bill Person (2) I.D. Number1852								
	7/18/2020 // through	7/24/2020	4) 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) Expenditure Type	(10) Amendment	(11) Amount			
11								
_/ /								
11								
_/ /								
_/ /								
_/ /								
11								
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