CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Leo Haggerty	OFFICE USE ONLY							
(2)	Name 16219 Fantasia Dr.	ONLINE SUBMISSION [1226546]							
(2)	Address (number and street)	Submitted on:							
	Tampa, FL 33624	8/14/2020 21:40:30 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:1861							
(4)	Check appropriate box(es):								
	<ul> <li>Candidate Office Sought: School Board Member, Dist. 3</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									
		8 / 13 / 2020 Report Type: <u>P7</u>							
☑ Original   ☐ Amendment   ☐ Special Election Report									
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	h & Checks \$ ,1 , <u>000</u> . <u>00</u>	Monetary Expenditures \$ , , <u>150</u> . <u>00</u>							
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00							
Total Monetary \$ ,1 , _00000		Total Monetary \$ , , <u>150</u> . <u>00</u>							
In-Ki	ind \$,,,000								
		(8) Other Distributions \$ , , <u>0</u> 00							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>5</u> , <u>845</u> . <u>00</u>	\$, <u>3</u> , <u>041</u> . <u>40</u>							
<u>(T</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)    Individual (only for IE   Treasurer   Deputy Treasurer   Candidate   Chairperson (only for PC and PTY)								
X	,	X							
-	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Leo Haggerty	2) I.D. Numbe	.D. Number			
	8/1/2020		8/13/2020			
(3) Cover Perio	od / /	through	1 ,1 ,	(4) Pag	je	of
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name	<b>X</b> 7			X 22 12 1	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupation		Description	Amendment	Amount
8/6/2020	Florida State Building Trades, 104 West Jefferson Str	C building teades	g CH			\$1,000.0
1	Tallahassee , FL 32301					
1 1						
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1 1						
1 1						
1 1						
DS-DE 13 (Rev. 11/13	3)	SEE REVERSE FO	OR INSTRUCTIONS	AND CODE VAL	UES	

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Leo Haggerty					(2) I.D. Number		1861			
	8/1/20	20	8/	13/202	0					
(3) Cover Period	I	1	through	1	1	(4) Page	1	of	1	

(5) Date	(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
8/4/2020	Crisp, Trace 406 Bon Aire Ave Temple Terrace , FL 33617	website management	MO		\$150.00
1	remple refrace , FE 33017			5	
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