	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Ronald W. Acoff	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	18002 Lanai Isle Dr.	Submitted on:						
	Address (number and street)	9/20/2020 18:45:44 (eastern)						
	Tampa, FL 33647							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
	Candidate Office Sought: Supervisor, C	ory Lakes CDD, Seat 1						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
	Party Executive Committee (PTY)	☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From 9 / 5 / 2020 To	9 / 18 / 2020 Report Type: G3						
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(0)	Contributions This Report							
Casl	n & Checks \$, , <u>450</u> . <u>00</u>	Monetary						
Loar	s , , , ,	Transfers to Office Account \$, , 0 . 00						
Tota	I Monetary \$, , <u>450</u> . <u>00</u>	Total Monetary \$, , 0 . 00						
In-Ki	nd \$, , 0.00	, , , , , , , , , , , , , , , , , , , ,						
		(8) Other Distributions						
		\$,, <u>0</u> 0						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,, <u>450</u> 00	\$, , <u>0</u> . <u>00</u>						
		tification on 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:								
(T	ype name)	(Type name)						
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
х		×						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Ronald W. Acoff				(2) I.D. Numbe	r ,	2004
4.7	9/5/2020	9/18/2020				1004	
(3) Cover Perio	od///	thro	ough	/ /	(4) Page	e <u>1</u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	55000	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
9/14/2020	Acoff, Cassandra Candidate to T 18002 LANAI ISLE DR TAMPA, FL 33647	S	mechanical engineer				\$250
9/15/2020	Shaw, Scott/Michele R 10540 Cory Lake Drive Tampa , FL 33647		neighbor/r esident of	CH			\$200
2	Tampa , FL 33647		com				
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES							

		R'S REPORT – ITEMIZE	D EXPENDIT	JRES	
I) Name Rona	ald W. Acoff		(2) I.D. Number		2004
	9/5/2020	9/18/2020			
Cover Period	d/ throug	Jh//	(4) Page1	of _	0
(5)	(7)	(8)	(9)	(10)	(11)
Date	Full Name	Purpose	8 8%	28 12	
	(Last, Suffix, First, Midd		<u>. </u>		

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
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