	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Clint Erickson	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	2977 Sand Path Rd	Submitted on:						
	Address (number and street)	8/18/2020 11:34:44 (eastern)						
1	Bonifay, FL 32425							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:110						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: County Commiss	sioner, District 5						
	Political Committee (PC)	Charlebone is DC as ECO has disbonded						
		☐ 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						
	individual making electioneering communications)	-						
	(5) P (11 110						
_	* , *	dentifiers						
Cove	er Period: From 8 / 14 / 2020 To	8 / 21 / 2020 Report Type: G1						
X O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	h & Checks \$, , ,000	Expenditures \$, , , 0 . 00						
•	• 0 00							
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
	···· • • • • • • • • • • • • • • • • •	Office Account \$, , , 0 . 00						
Tota	Il Monetary \$, , 0 . <u>00</u>	Total Manatany (f)						
	6 20 26	Total Monetary \$, , 0 . 00						
In-Ki	ind \$,, <u>639</u> . <u>36</u>							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\-,	\$, 2 , 945 . 69	\$, 2 , 775 40_						
	, <u> </u>	,, ,, ,, ,, ,,						
	(11) Certification							
	It is a first degree misdemeanor for any person	on to falsify a public record (ss. 839.13, F.S.)						
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:						
(T [,]	(Type name) (Type name)							
-	Individual (only for IE Treasurer Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)						
	electioneering comm.)							
v		V						
<u>X</u>	gnature	X Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	nt Ericks	on			(:	2) I.D. Number		110	
	8/14/20:	20		8/21/	2020				
(3) Cover Period		/	through	1	1	(4) Page	1	$_$ of $_^1$	

8/14/2020 Prickson, Clint 2977 Sandpath Rd 60nitsy, Pl 32425 1		4		-				
Contributor				(8)	(9)	(10)	(11)	(12)
Sequence Street Address & Contributor Contribution In-kind Property Commission Strickson, Clint Sonifey, Pl 32435 8/14/2020	Date	Full Name						
Number City, State, Zip Code Type Occupation Type Description Amount	(6)							
### Brickson, Clint	Sequence	Street Address &	C	ontributor	Contribution	In-kind		
### 1	Number					Description	Amendment	Amount
	0 /14 /0000							\$499.36
1 B/15/2020 Erickson, Clint 2977 Sandpath Rd Rontfay, P1 32425 I County Commission or Part Shape S	8/14/2020	2977 Sandpath Rd			1	ads		
8/15/2020 Erickson, Clint 2977 Sandpath Rd Bonifay, Fl 32425 I county commission er S140.0	, ,	_Boniray , F1 32425		er				
8/15/2020 Erickson, Clint 2977 Sandpath Rd Bonifay, Fl 32425 I county commission er S140.0	1							
1								
1		Frickson Clint	Т	county	ΤΚ	worley		\$140.00
1		2977 Sandpath Rd	-	commissior	1	benifit		Q110.00
	f I	Bonifay, Fl 32425		er				
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DS-DE 13 (Rev. 11/13.) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES	1486-04-25 - 11-12-04 - 13 ₄ - 14-4-04-04-04-04-04-04-04-04-04-04-04-04-		ACCUPATION OF THE PARTY OF THE		NATIONAL DE MANUELLE DE CONTROL D		I III AND SHOW	

(1) Name <u>Clint</u>	Erickson	ED EXPENDITURES (2) I.D. Number				
	8/14/2020 / /	8/2 through	21/2020	(4) Page <u>1</u>	100	0
(5) Date (6) Sequence Number	(7) Full N (Last, Suffix, F Street Add City, State,	ame First, Middle) dress &	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount
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