	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Clint Erickson	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	2977 Sand Path Rd	Submitted on:					
	Address (number and street)	7/15/2020 13:02:22 (eastern)					
	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 Commission	sioner, District 5					
	Political Committee (PC)	□ 01 = 1 been 15 00 = 2 500 been dishearded					
		☐ 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)						
		dentifiers					
Cove	er Period: From 7 / 11_ / 2020 To	7 / <u>17</u> / <u>2020</u> Report Type: <u>P4</u>					
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	h & Checks \$, , ,000	Expenditures \$, , 0 . 00					
4	Φ 0.00						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to					
	Φ 0.00	Office Account \$, , , 0 . 00					
Tota	Il Monetary \$,,	T (I Manustania)					
	1 600 45	Total Monetary \$, , 0 . 00					
In-Ki	ind \$, 1 , 602 . 45						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
(~)	\$,2_, _02000	\$, 1 ,84790_					
	, , , ,	,, ,, ,,					
	(11) Cert						
	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 [,]	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
	electioneering comm.)						
х		X					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) NameClint_Erickson					(2) I.D. Number				
	7/11/20	20		7/17/	2020				
(3) Cover Period	1	/	through	1	1	(4) Page	1	$_$ of $_^1$	L

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
7/13/2020	Erickson, Clint 2977 Sandpath Bonifay, Fl 32425	S	county commission er	IK	printing vista print		\$202.4
7/15/2020	Erickson, Clint 2977 Sandpath Rd Bonifay, Fl 32425	S	county commission er	IK	postage us postal office		\$1,400.0
1 1							
j I							
Ĭ I							
J l							
I I							
1 1							

) Name <u>Clin</u>	t Erickson 7/11/2020 7/	9646	2) I.D. Number		110
) Cover Period	i/_through		1) Page <u>1</u>	of	0
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
//					
//					
//					
//					
//					