(4) Check appropriate box(es): X Candidate Office Sought: School Board - Dist 5 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed								
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Name Alla Kramer				(2		428		
	6/27/20	20		7/10/	2020				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	2

(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8) contributor	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
7/3/2020	Goodling, Rita 23 Bradford Pl Carlisle, PA 17015	I	business owner	СН			\$1,000.0
7/3/2020	Goodling, Brian I 23 Bradford Pl Carlisle, PA 17015	I	police officer	СН			\$1,000.0
7/3/2020	J & R Cool Treats, 500 S. Hanover Str Carlisle, PA 17013	В	food establishm ent	CH n			\$1,000.0
7/6/2020	Faro, Joseph 3939 Ocean Dr # C 309 Vero Beach, Fl 32963	I		СН			\$25.0
	Katrovitz,	I		СН			\$30.0
7/6/2020	Catherine 1606 25 Ave Vero Beach, Fl 32960	1		CH			, 30 · 0
7/6/2020	Dominianni, Concetta 1265 Olde Doubloon Dr Vero Beach, Fl 32963	I		СН			\$25.0
7/9/2020	Blakelock-Rodrigue: Laurie 675 34th Ave. Vero Beach, Fl 32968	z, I	realtor-broker associate	CH			\$250.0
7/10/2020	J & J Auto Works,	В		CH			\$50.0

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(2) I.D. Number 428						
	6/27/2020		7	/10/2020			
(3) Cover Per	riod / /	thro	ough	11_	(4) Page	2	of 2
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
7/9/2020	Kramer, Alla 5035 Tradewinds dr Vero Beach, FL 32963	l .	business owner	LO			\$1,500.0
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	CAMPAIGN TREAS	URER'S REPOR	RT – ITEMIZED	EXPENDIT		
(1) Name <u>Alla</u>	Kramer		(2	2) I.D. Numbei		428
	6/27/2020	7/10/20	20			
(3) Cover Period	/t	hrough/	/ (4	4) Page <u>1</u>	of _	0
(5)	(7)		(8)	(9)	(10)	(11)
Date	Full Name		Purpose			

(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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