

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Republican Club of West Florida  
 Name  
 (2) 2982 Neel Rd  
 Address (number and street)  
Grand Ridge, FL 32442  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1246441]  
 Submitted on:  
 6/9/2021 18:47:46 (eastern)

Check here if address has changed (3) ID Number: 182

(4) Check appropriate box(es):  
 Candidate Office Sought: \_\_\_\_\_  
 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 individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 5 / 1 / 2021 To 5 / 31 / 2021 Report Type: M5  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 25 . 00  
 Loans \$      ,      , 0 . 00  
 Total Monetary \$      ,      , 25 . 00  
 In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 320 . 94  
 Transfers to Office Account \$      ,      , 0 . 00  
 Total Monetary \$      ,      , 320 . 94

**(8) Other Distributions**  
 \$      ,      , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,      , 4 , 061 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      , 1 , 683 . 25

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer  
**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)  
**X** \_\_\_\_\_  
 Signature



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

(1) Name Republican Club of West Florida

(2) I.D. Number 182

(3) Cover Period 5/1/2021 through 5/31/2021

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
5/4/2021 / /	Marianna FFA, 3546 Caverns Road Marianna, Fl 32446	donation	MO		\$100.00
1					
5/4/2021 / /	Wright, John Individual 3574 Kynesville Rd. Marianna, fl 32448	donation cottondale ffa and pens for club	MO		\$220.94
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					