	CAMPAIGN TREASURE	ER'S REPORT SUMMARY							
(1)	Tyler Lipford	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	2940 Dogwood St	Submitted on:							
	Address (number and street)	8/14/2020 18:13:21 (eastern)							
	Marianna, FL 32446	3,22,232,20							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: County Commis	sioner District 3							
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded							
		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	t Identifiers							
Cove	er Period: From 8 / 1 / 2020 To								
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Casl	h & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00							
Loor	ns \$,,,000	Transfers to							
Loar	ıs								
Tota	al Monetary \$, , 0.00	Office Account \$, , , 0 . 00							
TUta	il Morietary , , ,	Total Monetary \$, , 0 . 00							
In-Ki	find \$, 987.50	,,,							
111-171	ind	(8) Other Distributions							
		(8) Other Distributions \$, , 000_							
		,,,							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, <u>1</u> , <u>281</u> . <u>25</u>							
	(44) 0-4								
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
Lo	certify that I have examined this report and it is true, corn								
Contary that I have examined this report and it is true, confect, and complete.									
	ype name)	(Type name)							
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
Si	ignature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Tyler Lipford		(2) I.D. Number								
	8/1/2020		8/13/2020								
(3) Cover Per	riod / /			(4) Page	1	of					
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)					
Sequence Number	Street Address & City, State, Zip Code	Contributor	NA SECURITOR OF THE PROPERTY O	In-kind Description	Amendment	Amount					
8/13/2020	LIPFORD, TYLER G 2940 DOGWOOD ST MARIANNA, FL 32446	S busine manage	ess IK	payment for political adverts in		\$987					
1				jackson county							
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f I											
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I I											
1 1											
, ,											

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tyle:	r	Lipford	i I	10 1/2/1/95	age transfer the second se		111	200 900 1000	 (2) I.D. Nun	nber		300	
		8/1/20	20			8/13	/20	20					
(3) Cover Period	_			Ä	through_	/	<u> </u>	/	 (4) Page	1	of	0	

(5)	(7)	(8)	(9)	(10)	(11)
(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
11					
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11					
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DS-DE 14 (Rev.	11/13 \	-			