CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Justin Branch	OFFICE USE ONLY			
	Name	ONLINE SUBMISSION			
(2)	7022 Tomessie Circle	Submitted on:			
	Address (number and street)	7/26/2020 22:50:06 (eastern)			
	Grand Ridge, FL 32442  City, State, Zip Code				
	_	(0) 10 Nearly 220			
***	Check here if address has changed	(3) ID Number:			
(4)	Check appropriate box(es):				
		Circuit Court and Comptroller			
		☐ 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			
Cove	er Period: From 7 / <u>11</u> / <u>2020</u> 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			
•	• 0 00				
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$			
Tato	\$ 0.00	Office Account \$ , , , 0 . 00			
Tota	Il Monetary \$ , , , 0 . 00	Total Monetary \$ . 0 . 00			
In-Ki	ind \$ , , 37 . 09	Total Monetary \$ , , 0 . 00			
III-IXI	nd	(8) Other Distributions			
		\$			
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
	\$,, <u>100</u> 00	\$ , , <u>0</u> . <u>00</u>			
	(11) Cert	tification			
	It is a first degree misdemeanor for any perso				
I certify that I have examined this report and it is true, correct, and complete:					
	ype name)  Individual (only for IE  Treasurer Deputy Treasurer	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)			
	electioneering comm.)	Goldinate Golding to 1 o and 1117			
х		v			
	gnature	X Signature			

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Justin Branch	(2) I.D. Number					
	7/11/2020 od///	•	7/17/2020	(4) Pag	ge <u>1</u>	of	
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor	(9) Contribution	(10)	(11)	(12)	
Number	City, State, Zip Code	Type Occupation	Туре	Description	Amendment	Amount	
7/14/2020	Branch, Debbie M 7016 tomessie circle Grand Ridge, Fl 32442	I retired nurse	IK	business cards		\$37.0	
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

Name <u>Justin</u> Cover Period _	7/11/2020 7/ 	17/2020	2) I.D. Number 4) Page1	:	330
(5) Date (6) Sequence Number	(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)	(11) Amoun
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