CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Eddie Ellis	OFFICE USE ONLY								
, ,	Name	ONLINE SUBMISSION								
(2)	2835 Windsor Lane									
	Address (number and street)	Submitted on: 7/1/2024 23:14:40 (eastern)								
	Marianna, FL 32448									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:364								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: Superintendent of Schools</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 6 / 15 / 2024 To	6 / 28 / 2024 Report Type: P2								
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$ ,1 , 600 . 00	Monetary								
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ ,1 , 600 . 00	Total Monetary \$ , , 985 . 78								
In-Ki	nd \$ , , 0 . 00									
		(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>6</u> , <u>695</u> . <u>00</u>	\$, <u>4</u> , <u>080</u> . <u>03</u>								
_(T)	(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)  (Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
<u>X</u>		<u>X</u>								
Sig	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Eddie Ellis</u> (2) I.D. Number <u>364</u>								
	6/15/2024			/28/2024				
(3) Cover Peri	od / /	thro	ough	<i>l l</i>	(4) Pag	je	of	
(5) Date	(7) Full Name	(8)  Contributor Type Occupation		(9) Contribution Type	(10)	(11)	(12) Amount	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code				In-kind Description			
6/27/2024	Ellis, Eddie L 2835 Windsor Lane Marianna, Fl 32448	S	retired	CA			\$1,600.0	
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					,			
1 1								
1 1								
, ,								
1 1								
1 1								

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	ddie	Ellis	110				 (2) I.D. Nun	nber	3	364	
		6/15/2	024		6/28/20	024	-				
(3) Cover Pe	eriod	1	1	through	1	1	(4) Page	1	of	1	

(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
6/27/2024	Mobile Media, Southern PO Box 931	signs	MO		\$985.78
1	Marianna, Fl 32447			5	
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DS-DE 14 (Rev.					