

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert Edwards
 Name

(2) 435 NW Lafayette Ave
 Address (number and street)

Mayo, FL 32066
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1241718]

Submitted on:
 1/15/2021 16:12:50 (eastern)

Check here if address has changed (3) ID Number: 69

(4) Check appropriate box(es):

Candidate Office Sought: Superintendent of Schools

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 10 / 30 / 2020 To 2 / 1 / 2021 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 381 . 08

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 381 . 08

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

(9) TOTAL Monetary Contributions To Date
 \$, 2 , 825 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 2 , 825 . 00

(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 CONTRIBUTIONS

(1) Name Robert Edwards (2) I.D. Number 69

10/30/2020 through 2/1/2021

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robert Edwards

(2) I.D. Number 69

(3) Cover Period 10/30/2020 through 2/1/2021

(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
12/22/2020 / /	Supervisor of Elections, 120 W. Main St, Room 129 Mayo, FL 32066	address labels	MO		\$16.34
1					
1/15/2021 / /	Edwards, Robert 435 NW Lafayette Ave Mayo, FL 32066	close campaign account / reimburse self	RM		\$305.29
2					
11/4/2020 / /	Speedy Signs, 162 SW Spencer Ct Lake City, FL 32024	thank you signs	MO		\$59.45
3					
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