CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Mason Byrd	OFFICE USE ONLY							
	ONLINE SUBMISSION [1261117]							
(2) <u>163 NW Monroe Ave</u> Address (number and street)	Submitted on:							
Mayo, FL 32066	5/9/2022 21:17:02 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 76							
(4) Check appropriate box(es):								
X Candidate Office Sought: County Commi	ssioner District 2							
<ul> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an</li> </ul>								
individual making electioneering communications)	_							
(5) Report Identifiers								
Cover Period: From 4 / 1 / 2022 To	o 4 / 30 / 2022 Report Type: M4							
□	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$,,,000	Monetary           Expenditures         \$							
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,0 . 00							
Total Monetary       \$	Total Monetary \$ , , , , 00							
	(8) Other Distributions							
	\$,, 00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, 100 . 00	\$,,,00							
ا (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, co	rrect, and complete:							
(Type name)	(Type name)							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	x							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Mason Byrd</u>				(2) I.D. Number <sub>76</sub>					
4/1/2022			4	4/30/2022					
(3) Cover Perio	od / /	thro	ough	<i>ll</i>	(4) Page	e <u> </u>	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1									
1 1									
/ /	_								
1 1									
1 1	-								
1 1	_								
1 1	_								
/ /	_								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Masc	CAMPAIGN TREASURER'	(2)	) EXPENDIT 2) I.D. Number	76	
(3) Cover Period	4/1/2022 1/ /through_	4/30/2022 //	4) Page <u>1</u>	of_	1
(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) Amendment	(11) Amount
4/22/2022 1	Supervisor of Elections, 120 W. Main Street RM 207 mayo, fl 32066	money due with returned petitions	MO		\$5.00
_/ /					
_/_/					
11					
//					
//					
11					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES