CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Citizens For Protecting Our Future	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1213705]						
(2) 610 East Main Street	Submitted on:						
Address (number and street) Leesburg, FL 34748	6/30/2020 09:29:37 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 296						
(4) Check appropriate box(es):							
Candidate Office Sought:							
Candidate Office Sought. <u>X</u> Political Committee (PC)							
Electioneering Communications Org. (ECO)	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						
	rt Identifiers						
Cover Period: From <u>6</u> / <u>20</u> / <u>2020</u> T	o <u>6</u> / <u>26</u> / <u>2020</u> Report Type: <u>P2</u>						
☑ Original   □ Amendment   □ S	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$ , ,000	Expenditures \$,, <u>138</u> . <u>75</u>						
Loans \$,,_0.00	Transfers to						
	Office Account \$,,,,,						
Total Monetary \$ , , 0 . 00	· , , , ,						
	Total Monetary \$, ,138.75						
In-Kind \$,,0.00							
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>35</u> , <u>263</u> . <u>38</u>	\$ , 31 , 842 . 49						
	ertification						
	rson to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, co	prrect, and complete:						
(Type name)	(Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
,							
X	<u>X</u>						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	<u>Citizens For Protecting Our Future</u> (2) I.D. Number 296						
	6/20/2020		6	/26/2020			
(3) Cover Peri	iod / /	thro	bugh	l l	(4) Page	e _1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	Co	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							
1 1							
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Cit</u>	<b>CAMPAIGN TREASURER'</b> izens For Protecting Our	Future		EXPENDITURES		
(3) Cover Period	6/20/2020 I// through_	6/26/2020 //	(4) Page1	of	1	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpo (add office s contributio candida	se sought if on to a Expenditure	(10) Amendment	(11) Amount	
<u>.</u>	Florida Dept. of State, Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	annual rp filing fe	t MO e		\$138.75	
_/ /						
_/_/						
_/ /						
_/_/						
_/ /						
11						
11						

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