CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Josh Blake	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1225124]								
(2)	5334 Grove Manor	Submitted on:								
	Address (number and street) Lady Lake, FL 32159	8/13/2020 17:08:11 (eastern)								
	City, State, Zip Code	<del></del>								
	Check here if address has changed	(3) ID Number: 355								
(4)	Check appropriate box(es):	( <b>o</b> ) 12 Number								
(4)	☐ Candidate Office Sought: County Commis	sion District 5								
	Political Committee (PC)									
	☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded								
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>								
	individual making electioneering communications)	Check here if no other is or so reports will be filed								
(5) Report Identifiers										
		8 / 13 / 2020 Report Type: <u>P7</u>								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , <u>126</u> . <u>89</u>	Monetary								
Loar	s , , , <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00								
Total Monetary \$		Total Monetary \$ , , 5 . 68								
In-Ki	nd \$ , , 0.00									
		(8) Other Distributions								
		\$,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, <u>41</u> , <u>051</u> . <u>90</u>								
		tification on 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:										
(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		×								
	gnature	Signature								

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

(1) Name (2) I.D. Number							
	8/1/2020 iod///		8	/13/2020			
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
8/1/2020 /	HIMES, PAUL 5576 CEDAR WAXWING DRIVE THE VILLAGES, FL 32163	I	physician assistant	СН			\$50.0
8/6/2020 / /	BROOKS, LAWRENCE 36838 WOLF CT EUSTIS, FL 32736	I	retired	СН			\$76.8
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Josh	Josh Blake					(2) I.D. Nu	(2) I.D. Number		355	
	8/1/2	020		8/13/2	020					
(3) Cover Period	1	1	through	/	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
8/2/2020	ANEDOT INC, 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70112	online contribution fee	МО		\$2.30
8/8/2020	ANEDOT INC, 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70112	online contribution fee	МО		\$3.38
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