	CAMPAIGN TREASURE	ER'S REPORT SUMMARY						
(1)	Patricia Nave	OFFICE USE ONLY						
· · ·	Name	ONLINE SUBMISSION [1224020]						
(2)	10215 Sago Ct.	Submitted on:						
	Address (number and street)	8/7/2020 18:55:21 (eastern)						
	Leesburg, FL 34788							
	City, State, Zip Code	(2) 12.11						
	Check here if address has changed	(3) ID Number:360						
(4)	Check appropriate box(es):							
	Candidate Office Sought: School Board	Member District 2						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
		Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	t Identifiers						
Cov								
N C	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
	-	Monetary						
Casl	h & Checks \$, , <u>500</u> . <u>00</u>	Expenditures \$, , 0 . 00						
•	e 0.00							
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$						
Tato	\$ 500 00	Office Account \$, , , 0 . 00						
10เล	al Monetary \$, , <u>500</u> . <u>00</u>	Total Monetary \$. 0 . 00						
! IZ	• • • •	Total Monetary \$, , 0 . 00						
In-Ki	ind \$,, <u>0</u> .00	(a) Other Blatchhadiana						
		(8) Other Distributions \$, , 0.00						
		\$,, <u>0</u> 00						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, _ <u>4</u> , <u>944</u> . <u>17</u>						
		tification son to falsify a public record (ss. 839.13, F.S.)						
L		, , , ,						
10	I certify that I have examined this report and it is true, correct, and complete:							
_(T	Type name)	(Type name)						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
Si	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Patricia Nave			(2) I.D. Numbe	r	360
	7/25/2020			/31/2020			
(3) Cover Perio	od//	thro			(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
7/28/2020	Lake Sumter Realtors Associati, 3001 South 19 Tavares, Fl 32778		realtor pac	СН			\$500.0
<i>f I</i>							
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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 P	atric:	ia Nave	!				(2) I.D. Nun	nber		360	an:
		7/25/2	020		7/31/2	020					
(3) Cover Pe	riod	/	/	through_	/		(4) Page	1	of	0	

75	(7)	(8)	(9)	(10)	(11)
(5) Date	Full Name (Last, Suffix, First, Middle)	Purpose (add office sought if		(10)	17
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
11					
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//					
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//					
in to					
//					
DS-DE 14 (Rev.	4440 1				