CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Amy Stone Name	OFFICE USE ONLY ONLINE SUBMISSION [1226987]							
(2)	40705 Louise Rd	Submitted on:							
	Address (number and street)	8/19/2020 12:36:08 (eastern)							
	Umatilla, FL 32784	3,11,111 11 11 11 11 11 11 11 11							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:368							
(4)	Check appropriate box(es):								
	<ul> <li>☑ Candidate Office Sought: Water Authority District 5</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> </ul>								
	☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if no other IE or EC reports will be filed								
(5) Report Identifiers									
Cove	er Period: From 7 / 11 / 2020 To	7 / 17 / 2020 Report Type: P4							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$ , , , 000	Monetary							
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$ , , 0 . 00							
	I Monetary \$,,,000	Total Monetary \$ , , 0 . 00							
In-Ki	nd \$,, <u>450</u> . <u>00</u>								
		(8) Other Distributions \$ , , <u>0</u> 00							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>25</u> . <u>00</u>	\$ , , <u>0</u> . <u>00</u>							
(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:									
	ype name)  Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)							
х		X							
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Amy Stone		(2) I.D. Number				
	7/11/2020		7	/17/2020		1	1
(3) Cover Perio	od//	_ thro	ough	<i>l l</i>	(4) Page		of
(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount
7/14/2020	David, Booth 1111 Myrtle Breezes Ct Fruitland Park, FL 34731	I	business owner	IK	30 yard signs		\$450.0
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1 1							
1 1							
1 1							
DS-DE 13 (Rev. 11/1	3 )	SEE RE	VERSE FOR I	NSTRUCTIONS	S AND CODE VALU	JES	

(1) Name Amy	CAMPAIGN TREASURER		ED EXPENDITURES (2) I.D. Number 368			
(3) Cover Period	7/11/2020  /through	7/17/2020 1/	(4) Page1	of	0	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle Street Address & City, State, Zip Code	(8) Purpose (add office sough contribution to a candidate)	t if a Expenditure Type	(10)	(11) Amount	
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