

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CHARLA FOX
 Name
 (2) 6627 KESTREL CIR
 Address (number and street)
FORT MYERS, FL 33966
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1227957]
 Submitted on:
 8/27/2020 15:23:27 (eastern)

Check here if address has changed (3) ID Number: 1555

(4) Check appropriate box(es):
 Candidate Office Sought: SCHOOL BOARD-2
 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

(5) Report Identifiers

Cover Period: From 12 / 1 / 2019 To 12 / 31 / 2019 Report Type: 19M12
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00
 Loans \$, , 0 . 00
 Total Monetary \$, , 0 . 00
 In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 800 . 10
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 800 . 10

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 13 , 440 . 70

(10) TOTAL Monetary Expenditures To Date
 \$, 12 , 319 . 47

(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:

(Type name) _____
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)
X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CHARLA FOX (2) I.D. Number 1555

12/1/2019 through 12/31/2019

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CHARLA FOX

(2) I.D. Number 1555

(3) Cover Period 12/1/2019 through 12/31/2019

(4) Page 1 of 1

(5) Date	(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
(6) Sequence Number					
12/3/2019 / /	Florida Business Forms, 4901 Morse Shores Blvd Fort Myers, FL 33905	campaign envelopes	MO	Add	\$800.10
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