

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) EMORY CAVIN
Name

(2) 1430 TERRA PALMA DR
Address (number and street)

FORT MYERS, FL 33901
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1211519]

Submitted on:
6/18/2020 14:14:14 (eastern)

Check here if address has changed

(3) ID Number: 1581

(4) Check appropriate box(es):

Candidate Office Sought: SCHOOL BOARD-2

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 6 / 1 / 2020 To 6 / 12 / 2020 Report Type: 20P1

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 \$, , 75 . 02

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 75 . 02

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 800 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 75 . 02

(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 EMORY CAVIN (2) I.D. Number 1581

(3) Cover Period 6/1/2020 through 6/12/2020 (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 EMORY CAVIN

(2) I.D. Number 1581

(3) Cover Period 6/1/2020 through 6/12/2020

(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					
6/10/2020 //	Deluxe Business Checks and Sol, 3680 Victoria Street North Shoreview, MN 55126	campaign checks	MO		\$75.02
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