	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	MELISSA HIGENS BARRY	OFFICE USE ONLY					
` '	Name	ONLINE SUBMISSION					
(2)	4150 E 23RD ST	Submitted on:					
	Address (number and street)	1/25/2021 15:26:53 (eastern)					
	ALVA, FL 33920 City, State, Zip Code						
		(3) ID Number: 1709					
/A\	Check here if address has changed	(3) ID Number: 1709					
(4)	Check appropriate box(es):	erne 1					
		FIRE-I					
	☐ 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					
Cove	er Period: From $10 / 30 / 2020$ To	2 / 1 / 2021 Report Type: TRG					
X O	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	n & Checks \$, , ,000	Expenditures \$, , 0 . 00					
1	s \$, , 0.00	Topostore to					
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00					
Tota	I Monetary \$, , 0 . 00	,,,					
rota	,, ,, ,, ,,	Total Monetary \$, , 0 . 00					
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					
(3)	\$, , 50 . 00	\$					
	·	, <u>30</u> . <u>00</u>					
	(11) Cert						
	It is a first degree misdemeanor for any pers						
Ιc	ertify that I have examined this report and it is true, corr	ect, and complete:					
_(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		X					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	MELISSA HIGENS BARR	Y			2) I.D. Numbe	er <u>1</u>	709
	10/30/2020		2	/1/2021			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1							
J I							
, ,							
1 1							
1 1							
1 1							
J I							
J J							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _1	MELISSA	HIGENS	BARR	Y			 (2) I.D. Num	ıber	1	L709	
	1	0/30/2	020		2/1/2023	1					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
1/22/2021	Lehigh Community Services, 201 Plaza Dr #3 Lehigh Acres, FL 33936	donation	DI		\$50.00
1					
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