CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	David Hawkins	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	7680 Talley Ann Dr	Submitted on:					
	Address (number and street)	12/4/2017 07:15:48 (eastern)					
	Tallahsee, fl 32311						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:490					
(4)	Check appropriate box(es):						
		ommission - At Large, Group 1					
	☐ 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	☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	Identifiers					
Cove		11 / 30 / 2017 Report Type: M11					
× o	riginal Amendment Sp	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Casl	n & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00					
	Φ 0.00						
Loar	s , , , , 000	Transfers to Office Account \$					
- .	\$ 0.00	Office Account \$, , , 0 . 00					
rota	I Monetary \$, ,000	Total Monetary \$. 0 . 00					
L 12:	ind \$, , 36.00	Total Monetary \$, , , 0 . 00					
In-Ki	nα Ψ,, <u>30</u> . <u>00</u>	(9) Other Dietributions					
		(8) Other Distributions \$, , , 0.00					
		\$,, <u>0</u> 0					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$,, <u>600</u> . <u>00</u>	\$, , <u>0</u> . <u>00</u>					
	(44) Com	L					
		tification on to falsify a public record (ss. 839.13, F.S.)					
Lo	certify that I have examined this report and it is true, corr	rect and complete:					
	sorary and crimero oxaminou and report and it is tue, son	I					
	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		X					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	David Hawkins			(2) I.D. Number 490				
	11/1/2017		1	.1/30/2017				
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Page	1	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	5:00	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
	Hawkins, David T		state	IK	3		\$36.0	
11/20/2017	7680 Talley Ann Dr. Tallahassee, FL 32311		employee		embroidere			
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DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR	INSTRUCTIONS	S AND CODE VAL	UES	l	

) Name <u>David</u>	11/1/2017 11	./30/2017	2) I.D. Number		
) Cover Period	//through		4) Page <u>1</u>	of	0
(5) Date (6) Sequence Number	(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
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