

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Doris Maloy  
 Name

(2) P O Box 6701  
 Address (number and street)  
Tallahassee, FL 32314  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1205868]

Submitted on:  
 5/5/2020 23:17:46 (eastern)

Check here if address has changed (3) ID Number: 566

(4) Check appropriate box(es):

Candidate Office Sought: Leon County Tax Collector

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

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

### (5) Report Identifiers

Cover Period: From 4 / 1 / 2020 To 4 / 30 / 2020 Report Type: 20M4

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,   2   ,  400  .  00 

Loans \$      ,      ,   0  .  00 

Total Monetary \$      ,   2  ,  400  .  00 

In-Kind \$      ,      ,   0  .  00 

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      ,   0  .  00 

Transfers to Office Account \$      ,      ,   0  .  00 

Total Monetary \$      ,      ,   0  .  00 

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

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,   7  ,  300  .  00 

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      ,   0  .  00 

### (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 Doris Maloy (2) I.D. Number 566  
 4/1/2020 through 4/30/2020  
 (3) Cover Period           /          /           through           /          /           (4) Page 1 of 2

(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
(6) Sequence Number		Type	Occupation				
4/15/2020 / /	Maloy, Rudy 2324 Napoleon Bonaparte Drive Tallahassee, FL 32308	I	field representative	CH			\$250.00
1							
4/15/2020 / /	Maloy, Jarrett 4048 Old Plantation Loop Tallahassee, FL 32311	I	field appraiser	CH			\$250.00
2							
4/15/2020 / /	Rudy Maloy & Associates, 2324 Napoleon Bonaparte Drive Tallahassee, FL 32308	B	business consultant	CH			\$250.00
3							
4/15/2020 / /	Maloy, Erin 6800 E Mayo Blvd Phoenix, AZ 85054	B	portfolio analyst	CH			\$250.00
4							
4/30/2020 / /	Harris, Aldorsie 4845 Gearhart Road Tallahassee, FL 32303	I	retired	CH			\$250.00
5							
4/30/2020 / /	Rinell, Michael 4324 Meadowland Circle Sarasota, FL 34233	I	software programmer	CH			\$250.00
6							
4/30/2020 / /	West Florida Business Systems, 4324 Meadowland Circle Sarasota, FL 34233	B	software developer	CH			\$250.00
7							
4/30/2020 / /	Its Better in Greek Inc, 6248 Hines Hill Circle Tallahassee, FL 32312	B	apparel designer	CH			\$250.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Doris Maloy (2) I.D. Number 566

(3) Cover Period 4/1/2020 through 4/30/2020 (4) Page 2 of 2

(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
(6) Sequence Number							
4/30/2020 / /	McCaskill, Connie 754 Riggins Road Tallahassee, FL 32308	I	project manager	CH			\$150.00
9							
4/30/2020 / /	Rinell, Barbara 4324 Meadowland Circle Sarasota, FL 34233	I	software support	CH			\$250.00
10							
/ /							
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/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Doris Maloy

(2) I.D. Number 566

(3) Cover Period 4/1/2020 through 4/30/2020

(4) Page 1 of 0

(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					
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