CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Mark Earley S	OFFICE USE ONLY							
	ONLINE SUBMISSION [1215388]							
(2) P O Box 6617 Address (number and street)	Submitted on:							
Tallahassee, FL 32314-6617	7/6/2020 15:48:32 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 575							
(4) Check appropriate box(es):								
Candidate Office Sought: Leon County S	Supervisor of Elections							
Political Committee (PC)     Electionscript Communications Org. (ECO)	Charle have if DC as ECO has dishanded							
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	Check here if PC or ECO has disbanded 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								
Cover Period: From <u>6</u> / <u>12</u> / <u>2020</u> To	9 / <u>10</u> / <u>2020</u> Report Type: <u>20T2</u>							
☐ Original	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$,, <u>63</u> . <u>30</u>	Expenditures \$,3 , 009 . 10							
Loans \$,,0.00	Transform to							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to           Office Account         \$,,							
Total Monetary \$,, 63.30								
	Total Monetary \$ , 3 ,009 . 10							
In-Kind \$,,0.00								
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,5_,64830	\$5_, 648.30							
(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)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
x	x							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Mark Earley S	(2) I.D. Number					575	
6/12/2020			9/10/2020					
(3) Cover Peri	iod / /	thre	ough	11	(4) Page	e _1	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount	
7/3/2020 / /	LEON COUNTY ELECTIONS OFFICE, 2990-1 APALACHEE PKWY TALLAHASSEE, FL 32301	0	lcsoe	RE	refund of extra payments to cover petition verificati		\$63.3	
1 1								
1 1	_							
1 1								
1 1								
1 1								
1 1		3						
1 1								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Mark	CAMPAIGN TREASURER'		D EXPENDII (2) I.D. Number		575
(3) Cover Period	6/12/2020 1/_/through_	9/10/2020 //	(4) Page <u>1</u>	of_	1
(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
7/6/2020	EARLEY, MARK S ***Protected Voter***	reimburse loans	RM		\$2,945.80
7/6/2020 / / 2	EARLEY, MARK S ***Protected Voter***	reimbursement of funds refunded by lcsoe due to petition overpayment	RM		\$63.30
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_/ /					
_/ /					
11					

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