CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Rocky Hanna	OFFICE USE ONLY								
` ,	Name	ONLINE SUBMISSION								
(2)	PO Box 13791	[1228160]								
	Address (number and street)	Submitted on:								
	Tallahassee, FL 32317	8/28/2020 09:55:08 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:596								
(4)	Check appropriate box(es):									
	 ☐ Candidate Office Sought: Leon County Superintendent of Schools ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 									
	(5) Report	Identifiers								
Cove	er Period: From 8 / 14 / 2020 To									
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash & Checks \$,, <u>150</u> . <u>00</u> Monetary Expenditures \$, <u>2</u> , <u>975</u> . <u>44</u>										
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$, , 0 . 00								
Tota	I Monetary \$, , <u>150</u> . <u>00</u>	Total Monetary \$, 2 , 975 . 44								
In-Ki	nd \$,,,000									
		(8) Other Distributions \$, , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>136</u> , <u>895</u> . <u>00</u>	\$, <u>40</u> , <u>974</u> . <u>19</u>								
Ιc	(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:									
	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		x								
Sig	gnature	Signature								

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Rocky Hanna	LICO	KEI OKI -	(2) I.D. Number 596						
	8/14/2020	8/21/2020					596			
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	ge	of			
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)			
Sequence	Street Address &		ontributor	Contribution	In-kind	Aurenderen				
Number 8/19/2020 / /	City, State, Zip Code Crews, Judith 2249 Armistead Road Tallahassee, FL 32308	Type	Occupation	Type CH	Description	Amendment	Amount \$100.0			
8/19/2020	Barnes, Susan 4884 Shelbourne Drive Tallahassee, FL 32309	I		СН			\$50.0			
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _R	Rocky	Hanna	110				 (2) I.D. Nun	nber	Ę	596	
		8/14/2	2020		8/21/2	020		-			
(3) Cover Pe	eriod	I	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	
8/14/2020	Florida Tees, 2778 Capital Circle NE Tallahassee, FL 32308	t-shirts	МО		\$1,475.44	
8/21/2020	White, Alvin 5624 Old Hickory Lane Tallahassee, FL 32303	volunteer coordinator	МО		\$1,500.00	
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