CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Keisha Washington	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	1950 N Point Blvd Apt 806	Submitted on:					
	Address (number and street)	6/19/2020 18:36:52 (eastern)					
	Tallahassee, FL 32308 City, State, Zip Code						
	_	(2) ID Novelean 505					
	Check here if address has changed	(3) ID Number: 606					
(4)	Check appropriate box(es):						
		uperintendent of Schools					
	☐ 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					
	marvioudi making dissilansamig communications)						
	(5) Report	Identifiers					
Cove	er Period: From $\frac{5}{2}$ / $\frac{1}{2}$ / $\frac{2020}{20}$ To	5 / 31 / 2020 Report Type: 20M5					
	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	h & Checks \$,, 325 . 40	Monetary Expenditures \$, , , 0 . 00					
Loar	s , , , , 000	Transfers to Office Account \$, , 0 . 00					
Tota	I Monetary \$, , 325 . 40						
		Total Monetary \$, , 0 . <u>00</u>					
In-Ki	ind \$,, <u>0</u> . <u>00</u>						
		(8) Other Distributions \$, , 000_					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>2</u> , <u>806</u> . <u>60</u>	\$, , <u>0</u> . <u>00</u>					
	(40)						
(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	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		X					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Keisha	Wash	ington			606				
	5/2	L/2020)		5/31/	2020				
(3) Cover Peri	od	1	1	through	1	1	(4) Page	1	of	1

(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
5/27/2020	Washington, Keisha 1950 North Point Blvd Apt 806 Tallahassee, Fl 32308		n/a	CA		Add	\$245.0
5/26/2020	Brinson, Marvette 668 Dover St. Tallahassee, Fl 32304	I		CA		Add	\$40.0
5/29/2020	Gaines, Bobby 9017 Apalachee Pkwy Tallahassee, FL 32311	I		CA		Add	\$20.2
5/29/2020	Wilson, Shanta 2842 McElroy St. Tallahassee, Fl 32310	I		CA		Add	\$20.2
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Keish	na Washington	OKI – ITEIVIIZ	(2) I.D. Numbe		606	
(3) Cover Period	5/1/2020	5/31, through/	/2020 <u>/</u>	(4) Page1	of	0
(5)	(7)		(8)	(9)	(10)	(11)

(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
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