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)	6/22/2020 15:52:57 (eastern)					
	Tallahassee, FL 32308 City, State, Zip Code						
	_	(2) ID Number					
	Check here if address has changed	(3) ID Number: 606					
(4)	Check appropriate box(es):	unanintandant of Cabaala					
		uperincendent 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					
	marriada making dissilansaring 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					
Cash & Checks \$,, _80 . 40 Monetary Expenditures \$,, _0 . 00							
Loar	s , , , <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00					
Tota	I Monetary \$, , -80 . 40						
		Total Monetary \$, , 0 . <u>00</u>					
In-Ki	ind \$,,,000						
		(8) Other Distributions \$, , 000					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$, , <u>0</u> . <u>00</u>					
(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		χ					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Keisha Washington				(2) I.D. Number 606							
	5/1	/2020			5/31/	2020						
(3) Cover Period		1	1	through	1	1	(4) Page	1	of	1		

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
5/27/2020 / /	Wilson, Shanta 2842 McElroy St. Tallahassee, FL 32304	Î		CA		Delete	\$20.20
1							
5/27/2020 / /	Wilson, Shanta 2842 McElroy St. Tallahassee, FL 32304	I		CA		Add	\$0.00
2							
5/29/2020 / /	Gaines, Bobby 9017 Apalachee Pkwy Tallahassee, FL 32311	I		CA		Delete	\$20.20
3							3
5/29/2020	Gaines, Bobby 9017 Apalachee Pkwy Tallahassee, FL 32311	I		CA		bbA	\$0.00
4							
5/26/2020 / /	Brinson, Marvette 668 Dover St. Tallahassee, Fl 32304	I		CA		Delete	\$40.00
5/26/2020	Brinson, Marvette	I		CA		Add	\$0.00
1 1	668 Dover St. Tallahassee, Fl 32304						
6					-		
1 1							
							>
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Keish	na Washington	SUKER S KER	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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