	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Maggie B Lewis Butler	OFFICE USE ONLY							
` '	Name	ONLINE SUBMISSION							
(2)	419 Mercury Dr	Submitted on:							
	Address (number and street)	2/13/2019 10:15:31 (eastern)							
	Tallahassee, FL 32305								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:521							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: Leon County S	chool Board - District 3							
	☐ Political Committee (PC)☐ 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	Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	Identifiers							
Cove	er Period: From 4 / 1 / 2018 To	4 / 30 / 2018 Report Type: M4							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
(-)	осинизмено ино порег	Monetary							
Cash	n & Checks \$, , 500 . 00	Expenditures \$, , 650 . 00							
Loar	ns \$,,,000	Transfers to							
		Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , <u>500</u> . <u>00</u>								
		Total Monetary \$, , 650 . 00							
In-Ki	nd \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions							
		\$, , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, 28, 520.00	\$, <u>28</u> , <u>828</u> . <u>14</u>							
	(11) Cert It is a first degree misdemeanor for any pers	tification							
I certify that I have examined this report and it is true, correct, and complete:									
_(T	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		×							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	<u>Maggie B Lewis Butl</u>	er			Z) I.D. Numbe	ar5	521
	4/1/2018	4.1.000.000	4	/30/2018			1
(3) Cover Perio	od//	thro	ough	11_	(4) Pag	je <u> </u>	of
(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
4/3/2018	Gunter , Bart 515 South Ride Tallahassee,, FL 32303	I	state employee	CH		Add	\$500.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _1	Maggie	B Lew	is But	tler			 (2) I.D. Nun	nber	Ę	521	and an analysis of the same an
		4/1/2	018		4/30/2	018					
(3) Cover P	eriod	1	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
4/5/2018	DRS, FAMU 400 West Orange Ave Tallahassee, FL 32307	consulting	МО	Add	\$150.00
1					
4/5/2018	Beasly, Stephen 630 West Brevard St Tallahassee, FL 32304	consulting	MO	Add	\$500.00
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DS-DE 14 (Rev					