CAMPAIGN TREASURE	ER'S REPORT SUMMARY
(1) Leon Accurate Credible Elections (LA Name (2) 2202 Woodlawn Dr	OFFICE USE ONLY ONLINE SUBMISSION [1121674]
Address (number and street) Tallahassee, FL 32301 City, State, Zip Code Check here if address has changed	Submitted on: 8/19/2016 15:01:30 (eastern) (3) ID Number: 485
(4) Check appropriate box(es): ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
(5) Repor	t Identifiers
	pecial Election Report Decial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$, , , 000	Monetary Expenditures \$, , 0 . 00
Loans \$	Transfers to Office Account \$,,,,, Total Monetary \$. 0 . 00
In-Kind \$, , _9400	,,,
	(8) Other Distributions \$, , 000
(9) TOTAL Monetary Contributions To Date \$, , 75000	(10) TOTAL Monetary Expenditures To Date \$,,
	rtification son to falsify a public record (ss. 839.13, F.S.)
(Type name) ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	(Type name) Candidate Chairperson (only for PC and PTY)
X	X
Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Leon Accurate Cred	ible El		*	2) I.D. Numbe	er4	85
(3) Cover Perio	8/6/2016 od///	throu		/12/2016 //_	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Cọn	(8) tributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
8/11/2016 / /	Ausman, Jon M. 2202 Woodlawn Drive Tallahassee, FL 32303-3915	I		IK	postage		\$94.0
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name		Accurate							Numbe	ESTRUCTURE CONTRACT	485	
(3) Cover l	Period _	8/6/2016 <u>/</u>	00 000	ough	/12/2 /	016 /		(4) Pa	je <u>1</u>	of _	0	
	T T		(7)			1	(8)		/Q\	T (10)	[4	1)

(5)	(7)	(8)	(9)	(10)	(11)
Date (6)	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought if contribution to a	Expenditure		
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
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DS-DE 14 (Rev.					