	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Danny Shipp	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	9050 NW 10th Ave	Submitted on:					
	Address (number and street)	7/20/2020 14:36:23 (eastern)					
	Chiefland, FL 32626 City, State, Zip Code	—					
	☐ Check here if address has changed	(3) ID Number: 255					
(4)		(9) ID Nullibel.					
(4)	Check appropriate box(es):	Circuit Court and Comptroller					
	X Candidate Office Sought: Clerk of the CPolitical Committee (PC)	Circuit Court and Competoffer					
	☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded					
		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					
	(5) Report	dentifiers					
Cove	er Period: From $\underline{6}$ / $\underline{1}$ / $\underline{2020}$ To	9 / 10 / 2020 Report Type: TRQ					
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	h & Checks \$, , ,000	Expenditures \$, , , 0 . 00					
¥	\$ 0.00	<u> </u>					
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$					
Tota	al Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00					
TUla	,,,,	Total Monetary \$, , 0 . 00					
In-Ki	ind \$, , 0.00	,,,					
II I ⁻ I Xi	nu , ,	(8) Other Distributions					
		\$,					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>100</u> 00	\$, <u>100</u> . <u>00</u>					
	(11) Cert	tification					
	It is a first degree misdemeanor for any person						
I certify that I have examined this report and it is true, correct, and complete:							
(T	(Type name) (Type name)						
	Individual (only for IE Treasurer Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)					
	electioneering comm.)						
х		×					
	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Danny Shipp				2) I.D. Numbe	er <u>2</u>	55
	6/1/2020 od///	thro		/10/2020 ///	(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	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
/ /	Oity, Otate, 219 Oode	Турс	Cccupation	Турс	Description		Amount
J I							
1 1							
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J I							
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I I							
J I							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Danny Shipp				(2) I.D. Number		255			
		6/1/2	020		9/10/2	020				
(3) Cover Po	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
7/8/2020	Shipp, Danny J 9050 NW 10th Ave	closure of account	DI		\$68.30
1	CHIEFLAND, FL 32626				
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DS-DE 14 (Rev.	44(40.1)				(3)