	CAMPAIGN TREASURER'S REPORT SUMMARY											
(1)	Paige Brookins	OFFICE USE ONLY ONLINE SUBMISSION										
	Name	[1204062]										
(2)	124 N Main St	Submitted on:										
	Address (number and street)	4/9/2020 12:29:29 (eastern)										
-	Chiefland, FL 32626 City, State, Zip Code											
	Check here if address has changed	(3) ID Number: 257										
(4)		(-,										
(4)	Check appropriate box(es): Candidate Office Sought: School Board Dist. 4 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed											
	(5) Report Identifiers											
Cove	er Period: From 3 / 1 / 2020 To	3 / 31 / 2020 Report Type: M3										
X Or		ecial Election Report										
	Contributions This Report	(7) Expenditures This Report										
	a & Checks \$,,,	Monetary										
Loans		Transfers to Office Account \$, , , 0 . 00										
Total In-Kir	Monetary \$,,,000 nd \$, , 0.00	Total Monetary \$, , _15 . 10										
		(8) Other Distributions \$, , 000										
	(9) TOTAL Monetary Contributions To Date \$, , _40000 \$ \$, , _29268											
(Ty	(11) Cert It is a first degree misdemeanor for any person ertify that I have examined this report and it is true, corre ppe name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	ect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)										
	gnature gnature	X Signature										

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Paige Brookins (2) I.D. Number 257								
	3/1/2020 od/////		3	/31/2020 //	(4) Pag	e	of	
(5) (7) Date Full Name (6) (Last, Suffix, First, Middle) Sequence Street Address &			(8)	(9)	(10)	(11)	(12)	
Number / /	City, State, Zip Code	Туре	Occupation	Туре	Description	Allendirent	Amount	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Paige	Brooki	ns							 (2) I.D. Nu	ımb	er		2	57	
		3/1/2	020	1			3/31/	202	0	-	7						
(3) Cover Po	eriod	1		1	through	th	1		1	(4) Page		1	c	of	1	

(5) Date	Full Name				(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/24/2020	Supervisor of Elections, 421 S Court Street Bronson, FL 32621	check petitions	MO		\$15.10
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DS-DE 14 (Rev					