CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Bobby Ross	OFFICE USE ONLY				
Name	ONLINE SUBMISSION [1205204]				
(2) 8293 NW River Road	Submitted on:				
Address (number and street) Bristol, FL 32321	5/1/2020 10:42:17 (eastern)				
City, State, Zip Code					
Check here if address has changed	(3) ID Number: 186				
(4) Check appropriate box(es):					
 Candidate Office Sought: <u>Member, Board of County Commissioners, Dist. 5</u> 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) Repor	rt Identifiers				
Cover Period: From $4 / 1 / 2020$ To	<u>4</u> / <u>30</u> / <u>2020</u> Report Type: <u>M4</u>				
🖾 Original 🗌 Amendment 🗌 Sp	pecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$, , , 000	Monetary Expenditures \$,, <u>306</u> .88				
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$				
Total Monetary \$	Total Monetary \$,, <u>306</u> . <u>88</u>				
	(8) Other Distributions				
	\$,, 00				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$,, <u>0</u> . <u>00</u>	\$, <u></u> , <u></u> , <u></u> 88_				
(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, co	rect, and complete:				
(Type name)	(Type name)				
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)				
x	x				
Signature	Signature				

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bobby Ross				(2) I.D. Number				
	4/1/2020			/30/2020				
(3) Cover Perio	od/ /	thro	- Dugh	1 1	(4) Paq	e 1	of ⁰	
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(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name		()		(Carrier)			
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Bobl	CAMPAIGN TREASURER'S		D EXPENDII (2) I.D. Number		186
(3) Cover Perio	4/1/2020 d/through	4/30/2020 /	(4) Page <u>1</u>	of_	1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
4/7/2020 1	Supervisor of Elections, P. O Box 597 Bristol, FL 32321	48 signed petitions at .10	МО		\$4.80
4/16/2020 // 2	Budget Printing Center, 1366 Blountstown Highway Tallahassee, FL 32304	50 political yard signs	МО		\$302.08
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	CAMPAIGN TREASURE	– FUND TRANS	FERS		
(1) Name	Bobby Ross	(2) I.D. Numl	ber 186		
(3) Cover Period	t/1/2020through4/3	30/2020	(4) Page	1of	1
(5) Date (6) Sequence	(7) Name of Financial Institution Street Address & City State Zin Code	(8) Transfer	(9) Nature of Account	(10)	(11) Amount
Number	City, State, Zip Code	Туре	Account	Amendment	Amount
4/7/2020	Calhoun Liberty Credit Union, 17394 NW Charlie Johns Street Blountstown, FL 32424	то	transfer funds from bobby ross personal savings account to		\$325.00