	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Bobby Ross	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	8293 NW River Road	Submitted on:						
	Address (number and street)	5/20/2020 08:57:58 (eastern)						
	Bristol, FL 32321							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:186						
(4)	Check appropriate box(es):							
		of County Commissioners, Dist. 5						
	Political Committee (PC)	Charle have if DC as ECO has dishanded						
		☐ Check here if PC or ECO has disbanded ☐ 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) Papart	I Identifiers						
Cov	, , ,							
	er Period: From $\frac{4}{2}$ / $\frac{1}{2020}$ To							
<u></u> □ 0	Priginal	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	Cash & Checks \$,,, Expenditures \$,,,,							
W	Φ 0.00							
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$						
	· · • • 0 00	Office Account \$, , , 0 . 00						
Total Monetary \$,,								
. 12	• • • 325 00	Total Monetary \$, , 0 . 00						
In-Ki	ind \$, <u>325</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						
	\$,, <u>0</u> . <u>00</u>	\$, , <u>306</u> . <u>88</u>						
	(11) Cert It is a first degree misdemeanor for any perso	tification						
		, , ,						
Ιc	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)						
X		x						
Si	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Bobby Ross		(2) I.D. Number ₁₈₆					
4/1/2020			4/30/2020					
(3) Cover Perio	od	_ thro	ougn	<i>i i</i>	(4) Pag	e <u>-</u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
1	Ross, Bobby M 8293 NW River Road Bristol, FL 32321	S	retired	IK	transfer funds from candidates personal account to candidates	Add	\$325.0	
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1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

1) Name Bobby	Ross	ZED EXPENDITURES (2) I.D. Number 186			
3) Cover Period _	4/1/2020 /through	4/30/2020	(4) Page1	of	0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle Street Address & City, State, Zip Code	(8) Purpose (add office sough contribution to candidate)	ht if Expenditure	(10)	(11)
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