	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Bobby Ross	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	8293 NW River Road	Submitted on:						
	Address (number and street)	8/27/2020 11:37:53 (eastern)						
	Bristol, FL 32321							
City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 186						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Member, Board of County Commissioners, Dist. 5 ☐ Political Committee (PC)							
		□ 011 b 15 D0 500 bas disheaded						
		☐ 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						
	individual making electioneering communications)							
	(5) 5							
		dentifiers						
Cov	er Period: From $\frac{4}{2}$ / $\frac{1}{2}$ / $\frac{2020}{20}$ To	4 / 30 / 2020 Report Type: M4						
	Original ☐ Amendment ☐ Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
	Contributions This Report (7) Expenditures This Report Monetary Expenditures \$,,,,,,,							
Casl								
400								
Loar	ns							
	ф 225 00	S,, 325 . 00 Office Account \$,,,,						
Tota								
	Total Monetary \$, , 0 . 00							
In-Ki	find \$,,32500							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
(-,	\$,, _54188_							
	,,,	,,,						
		tification						
	It is a first degree misdemeanor for any person	on to falsify a public record (ss. 839.13, F.S.)						
Ιc	I certify that I have examined this report and it is true, correct, and complete:							
(T	(Type name) (Type name)							
	ype name)] Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)						
	electioneering comm.)	G Grandinate G Grand Grand G Grand G G G G G G G G G G G G G G G G G G G						
V	,							
<u>X</u>	ignature	X Signature						
21	anature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) NameBobb	y Ross		(2) I.D. Number							
	4/1/202	0		4/30/	2020					
(3) Cover Period	T	1	through	1	1	(4) Page	1	of	1	

				r			
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C ₁	(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
4/7/2020	Ross, Bobby M 8293 NW River Road Bristol, FL 32321		retired	IK		Delete	\$325.0
4/7/2020	Ross, Bobby M 8293 NW River Road Bristol, FL 32321	S	retired	CA	transfer funds from candidates personal account to candidates	Add	\$325.0
1 1							
1 1							
J J							
1 1							
<i>f l</i>							
1 1							

1) Name Bobby	Ross	4/30/2020	MIZED EXPENDITURES (2) I.D. Number 186			
3) Cover Period _	4/1/2020 /through	4/30/2020 1//	(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)	
//						
//						
//						
//						
//						
//						
//						
				i d		