CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	James Flowers	OFFICE USE ONLY ONLINE SUBMISSION							
(2)	Name	[1206120]							
(-)	Address (number and street)	Submitted on: 5/7/2020 11:10:52 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:189							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: School Board Member, Dist. 1</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	Identifiers							
Cove	er Period: From $\frac{4}{2}$ / $\frac{1}{2}$ / $\frac{2020}{2020}$ To	4 / 30 / 2020 Report Type: <u>M4</u>							
X Or	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$ , , 0 . 00	Monetary							
Loan	s \$,, <u>55</u> . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00							
	Monetary \$,, _55 . 00	Total Monetary \$ , , _10 . 00							
In-Kii	nd \$,, <u>55</u> . <u>00</u>	(0) 04 51 4 11 4							
		(8) Other Distributions \$ , 000							
(9)	<b>TOTAL Monetary Contributions To Date</b> \$ , , <u>55</u> <u>00</u>	(10) TOTAL Monetary Expenditures To Date \$ , , 1000							
(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, correct, and complete:  (Type name)									
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
Sig	gnature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	James Flowers			-3.0 g	(2) I.D. Numbe	er1	89
	4/1/2020 iod / /		4	/30/2020	(A) Pag	1	of 1
(3) Cover Fer	iou r r		Jugii	'	(4) Fay		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &		ontributor	Contribution	In-kind	0.0 \$ 0.000 COPPS (0.00 COPPS	
Number	City, State, Zip Code Flowers, James E	Type	Occupation	Type LO	Description	Amendment	Amount \$55.0
4/27/2020	***Protected Voter***	3		LO			\$33.0
1							
4/27/2020	Flowers, James E ***Protected Voter***	S		IK	metal sign stakes		\$55.0
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name James	Flower	S				 (2) I.D. Nun	nber		189	
	4/1/202	20		4/30/20	020					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
1	Calhoun Liberty Employees Cred, 17394 Charlie John ST Blountstown, Fl 32321	saving acct. for checking account	МО		\$5.00
4/27/2020	Supervisor of Elections, P.O. Box 597 Bristol, FL 32321	petition verifications	МО		\$5.00
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