CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Jim Johnson Name	OFFICE USE ONLY ONLINE SUBMISSION [1230820]							
(2) Address (number and street)	Submitted on: 9/14/2020 07:11:40 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 191							
(4) Check appropriate box(es):								
 Candidate Office Sought: Member, Board of County Commissioners, Dist. 3 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 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 								
(5) Report Identifiers								
Cover Period: From 9 / 5 / 2020 To	9 / <u>18</u> / <u>2020</u> Report Type: <u></u> G3							
☐ Original ☐ Amendment ☐ Spe	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$, , , 000	Monetary Expenditures \$, , <u>182</u> . <u>75</u>							
Loans \$,, <u>0</u> .00	Transfers to Office Account \$							
Total Monetary \$	Total Monetary \$,, <u>182</u> . <u>75</u>							
······································	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date \$,,000_	(10) TOTAL Monetary Expenditures To Date \$,, <u>187</u> . <u>65</u>							
(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)	(Type name)							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	<u>X</u>							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number				
	9/5/2020	9/18/2020						
(3) Cover Perio	od/ /	thro	bugh	1 1	(4) Pag	e ¹	of ⁰	
					_ () 0	N 9 4		
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name				A. 100 P.			
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
				0.10				
1 1								
1 1								
30 SU								
1 1								
1 1								
1 1								
	-							
1 1								
1 1	-							
			-			5		
1 1	-							
			0					
1 1	-							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Jim	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURESJohnson(2) I.D. Number191								
(3) Cover Period	9/5/2020 I/through_	9/18/2020	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				
	Budget Printing, 1366 Blountstown Street Tallahassee, FL 32304	campaign trailer signs.	МО		\$182.75				
//									
11									
_ / _									
_ / /									

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES