

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) David Harper
Name

(2) _____
Address (number and street)

Madison, FL 32340

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY
ONLINE SUBMISSION
[1302304]

Submitted on:
1/9/2024 15:39:23 (eastern)

(3) ID Number: 124

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

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 10 / 1 / 2023 To 12 / 31 / 2023 Report Type: Q4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 100 . 00

Total Monetary \$ _____ , _____ , 100 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 20 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 20 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 20 . 00

(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 or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name David Harper (2) I.D. Number 124

10/1/2023 through 12/31/2023

(3) Cover Period ___ / ___ / ___ through ___ / ___ / ___ (4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|-------------------|--|---------------------------------------|---------|-----------------------------|--------------------------------|-------------------|----------------|
| 12/15/2023 / / | Harper, David E 399 SW Bartow Trail Madison, FL 32340 | S | sheriff | LO | | | \$100.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name David Harper

(2) I.D. Number 124

(3) Cover Period 10/1/2023 through 12/31/2023

(4) Page 1 of 1

| (5) Date | (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 |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 12/29/2023 // 1 | Community Bank, Madison County PO Box 834 Madison, FL 32340 | checks | MO | | \$20.00 |
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