CAMPAIGN TREASURER'S REPORT SUMMARY												
(1)	Holly B Combee	OFFICE USE ONLY ONLINE SUBMISSION										
(2)	Name PROTECTED ADDRESS	[1165917]										
(2)	Address (number and street)	Submitted on:										
	,	8/8/2018 09:51:14 (eastern)										
	City, State, Zip Code											
	Check here if address has changed	(3) ID Number: 1695										
(4)	Check appropriate box(es):											
	☐ Candidate Office Sought: PARRISH FIRE	DIST SEAT 5										
	☐ 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												
	er Period: From 7 / 28 / 2018 To											
<u></u> □ 0	riginal Amendment Spe	ecial Election Report										
(6)	Contributions This Report	(7) Expenditures This Report										
Casl	n & Checks \$, , ,000	Monetary										
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$, , 0 . 00										
Total Monetary \$, , 000		Total Monetary \$, , 9 . 95										
In-Ki	nd \$,, <u>0</u> . <u>00</u>											
		(8) Other Distributions \$, , 000_										
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date										
	\$,, <u>100</u> . <u>00</u>	\$, , <u>53</u> . <u>46</u>										
Ιc	(11) Cert It is a first degree misdemeanor for any pers certify that I have examined this report and it is true, corr	on to falsify a public record (ss. 839.13, F.S.)										
/т.	vne name)	(Type name)										
	ype name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)										
х		X										
	gnature	Signature										

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Holly B Combee				2) I.D. Numbe	er <u>1</u>	695
	7/28/2018		8	/3/2018	(4) D	. 1	of ⁰
(3) Cover Perio	od / /		ougri	<i>I I</i>	(4) Pag	e	or
(5)	(7) Full Name		(8)	(9)	(10)	(11)	(12)
Date (6)	(Last, Suffix, First, Middle)						
Sequence	Street Address & City, State, Zip Code		ontributor	Contribution	In-kind	Amendment	Amazunt
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Holly	B Com	be	е						 (2) I.	D. Num	nber		169	5	
		7/28	/20	18			8/3	/2018	8							
(3) Cover Pe	eriod	1		1	thr	ouah		1	1	(4) P	age	1	of		1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
7/31/2018	Centerstate Bank, 2811 Manatee Ave W Bradenton, FL 34205	campaign account maintenance fees	МО	Add	\$9.95
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