CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	CYNTHIA ANNE MOODY	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	4522 NE 13TH ST	[1131972]								
	Address (number and street)	Submitted on:								
	OCALA, FL 34475	10/21/2016 12:35:50 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:309								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: CLERK OF THE CIRCUIT COURT AND COMPTROLLER</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</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 10 / 15 / 2016 To	10 / 21 / 2016 Report Type: <u>G6</u>								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$,, 200 . 00	Monetary								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$,, <u>200</u> . <u>00</u>	Total Monetary \$ , , _60 . <u>53</u>								
In-Ki	nd \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$ , , <u>0</u> 0								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, <u>11</u> , <u>905</u> . <u>80</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	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		х								
Sig	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	CYNTHIA ANNE MOODY	(2) I.D. Number							
	10/15/2016 od///		1	0/21/2016	(4) Pag	ge <u>1</u>	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &		ontributor	Contribution	In-kind				
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount		
10/21/2016	Hoffner, David T. 5431 NE 35. St. Silver Springs, Fl 34488	I	retired	CH			\$200.0		
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	CYNTHIA	ANNE	MOODY				 (2) I.D. Nun	nber	3	309	
	1	0/15/	2016		10/21/	2016					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	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
10/15/2016	Circle K, 5182 E Silver Springs Blvd Silver Springs, FL 34488	gas. signs.	MO		\$43.00
1 10/17/2016 / / 2	Publix, 3450 E Silver Springs Blvd Ocala, Fl 34470	for hilton meet.	МО		\$17.53
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DS-DE 14 (Rev.					