	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	ED WILSON	OFFICE USE ONLY						
(- /	Name	ONLINE SUBMISSION						
(2)	6960 SW 155TH STREET	[1176486]						
	Address (number and street)	Submitted on: 10/18/2018 08:35:11 (eastern)						
	DUNNELLON, FL 34432							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:388						
(4)	Check appropriate box(es):							
	Candidate Office Sought: SCHOOL BOARD	- 3						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
	☐ Party Executive Committee (PTY)	☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From 10 /6 /2018 To	10 / 12 / 2018 Report Type: G5						
		ecial Election Report						
		<u> </u>						
(6)	Contributions This Report	(7) Expenditures This Report						
Cack	h & Checks \$, , 175 . 00	Monetary Expenditures \$, , 10 . 00						
Casi	1 & Checks +,, <u>170</u> . <u>50</u>	,,,						
Loar	ns \$, , 0.00	Transfers to						
		Office Account \$, , 0 . 00						
Tota	I Monetary \$, , <u>175</u> . <u>00</u>							
		Total Monetary \$, , _10 . 00						
In-Ki	ind \$,,,000							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, _19_, 100 . 00	\$, <u>12</u> , <u>022</u> . <u>59</u>						
	(11) Cert It is a first degree misdemeanor for any pers	tification						
I certify that I have examined this report and it is true, correct, and complete:								
_(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ED	WILSON					388			
	10/6/20	18		10/12	2/2018				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of ¹	

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type		(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
10/9/2018	Bull, Robert 5525 SW 58th Place Ocala, Fl 34474	Ī	retired	CH			\$50.
10/9/2018	Wilson, Sue M 509 Zion Hill Road Spartanburg, SC 29307	I	retired teacher	СН			\$100.
10/9/2018	Hogg, Diane 2610 SE 50th Terrace Ocala, Fl 34480	I	respirator y therapist	CA			\$25.
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1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name) WILS	NC	110				(2)	I.D. Num	iber	3	388	
	1	0/6/2	018		10/12/	2018			-			
(3) Cover Per	riod	1	1	through	/	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
10/9/2018	UPC Tax Mart, 166 Marion Oaks Blvd	stamps	MO		\$10.00
1	Ocala, fl 34473				
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DS-DE 14 (Rev.	4442.)				