

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michelle Stone
 Name
 (2) 5170 NW 110th Ave
 Address (number and street)
Ocala, FL 34482
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1198442]
 Submitted on:
 2/2/2020 17:37:36 (eastern)

Check here if address has changed

(3) ID Number: 484

(4) Check appropriate box(es):

- Candidate Office Sought: COUNTY COMMISSIONER - 5
- 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 individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 2020 To 1 / 31 / 2020 Report Type: M1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 1 , 337 . 10

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 1 , 337 . 10

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 21 , 050 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 603 . 97

(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 Michelle Stone (2) I.D. Number 484

1/1/2020 through 1/31/2020

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

| (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 |
|-------------|--|--|--|-----------------------------|--------------------------------|-------------------|----------------|
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michelle Stone

(2) I.D. Number 484

(3) Cover Period 1/1/2020 through 1/31/2020

(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 | | | | | |
| 1/3/2020 // | Wilson, Debbie 2407 SE 19th Circle Ocala, Fl 34471 | petitions | MO | | \$806.00 |
| 1 | | | | | |
| 1/9/2020 // | Wilson, Debbie 2407 SE 19th Circle Ocala, Fl 34471 | petitions | MO | | \$400.00 |
| 2 | | | | | |
| 1/10/2020 // | Wilcox, Wesley P O Box 289 Ocala , Fl 34478 | petitions verification | MO | | \$31.10 |
| 3 | | | | | |
| 1/24/2020 // | United Way, 1401 NE 2nd St Ocala, Fl 34470 | community care gala | MO | | \$100.00 |
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