	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Jimmy Cowan	OFFICE USE ONLY					
` '	Name	ONLINE SUBMISSION					
(2)	13470 SW 29th Ave Rd	Submitted on:					
	Address (number and street)	7/23/2020 16:44:42 (eastern)					
	Ocala, FL 34473 City, State, Zip Code						
	_	(2) ID Noveley					
•	Check here if address has changed	(3) ID Number:489					
(4)	Check appropriate box(es):						
		AISER					
	☐ 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					
	marriada marrig diseasi neemig semmarriada en ey						
	(5) Report	Identifiers					
Cove	er Period: From $\frac{7}{2}$ / $\frac{11}{2020}$ To	7 / 17 / 2020 Report Type: P4					
X O	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Casl	h & Checks \$,1 , <u>150</u> . <u>00</u>	Expenditures \$, , 0 . 00					
	f 0 00						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$					
Tota	I Monetary \$, 1 , 150 . 00	Office Account \$, , 0 . 00					
TULA	,, <u></u> ,,	Total Monetary \$, , 0 . 00					
In-Ki	ind \$, , 0.00	,,,					
	,,	(8) Other Distributions					
		\$,,000_					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$, <u>35</u> , <u>378</u> . <u>91</u>					
	(11) Ceri	tification					
		on to falsify a public record (ss. 839.13, F.S.)					
Ιc	certify that I have examined this report and it is true, corr	rect, and complete:					
(T	ype name)	(Type name)					
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer		☐ Candidate ☐ Chairperson (only for PC and PTY)					
or	electioneering comm.)						
X		×					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(2) I.D. Number				489				
	7/11/20	20		7/17/2	2020				
(3) Cover Period	A /	1	through	7	1	(A) Page	1	of	1

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	- 200 CO (100 Z 100 R 100 Z 100 R 100 Z	Туре	Description	Amendment	Amount
7/11/2020	French, Willa 8840 SW 96 St Ocala, Fl 34481	Ĭ	retired	СН			\$100.0
1							
7/15/2020 / /	Thrower, Fred 5208 NW 18 St Ocala, FL 34482	I	political consultant	CH			\$50.0
2							
7/16/2020	Gonsalves, Tony 4810 SW 129 Ct Ocala, FL 34481	I	cfo	СН			\$100.0
3							
7/16/2020	Fant, Elizabeth 691 NE 142 Ave Silver Springs, FL 34488	I	retired mcpa	СН			\$50.0
4							
7/16/2020 / /	Schmidt, Carol Box 1428 Tampa, FL 33601	I	retired	СН			\$150.0
7/15/2020	Spartan Heating and	В	heating	СН			\$250.0
J I	Air, PO Box 830476 Ocala, FL 34483		and air				
6							
7/14/2020 / /	Deen, Judy PO Box 368 Ocala, FL 34478	I	retired mcpa	СН			\$200.0
7							
7/15/2020	Barber, T. Richard 1599 SE 55 Ave Ocala, FL 34480	I	retired	СН			\$250.0
8							

Name Jimmy	7/11/2020	7/17/2020		2) I.D. Number489		
Cover Period _	/throug	gh//	(4) Page1	of	0	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Midd Street Address & City, State, Zip Code	contribution	ought if a Expenditure	(10)	(11) Amoun	
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