	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Cynthia Anne Moody	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1202334]								
(2)	Address (number and street)	Submitted on:								
	Address (number and street) Ocala, FL 34470	3/15/2020 20:55:05 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 492								
(4)	Check appropriate box(es):									
•		CIRCUIT COURT AND COMPTROLLER								
	Political Committee (PC)									
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ Check here if PC or ECO has disbanded ☐ 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		9 / 30 / 2019 Report Type: M9								
□ 0	original ⊠ Amendment ☐ Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
1.7		Monetary								
Cash	h & Checks \$ , , 0 . 00	Expenditures \$ , , 0 . 00								
707										
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$								
Tota	Il Monetary \$ , , 0 . 00	Office Account \$ , , , 0 . 00								
Ιυια	,,,	Total Monetary \$ , , 0 . 00								
In-Ki	ind \$ , , 15 . 00	, , , , , , , , , , , , , , , , , , , ,								
		(8) Other Distributions								
		\$,,,000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, ,, ,000	\$,,,000								
	(11) Cert It is a first degree misdemeanor for any perso									
Ιc	certify that I have examined this report and it is true, corre	• • • • • • •								
	ype name)  Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)								
	electioneering comm.)									
Х		X								
	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Cynthia Anne Moody		(2) I.D. Number					
	9/1/2019		9	/30/2019	(4) D	sz 1	of <sup>1</sup>	
(3) Cover Perio	od///		ougn	' — · · —	(4) Pag	le	OI	
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date (6)	Full Name (Last, Suffix, First, Middle)							
Sequence	Street Address &		ontributor	Contribution	In-kind			
Number	City, State, Zip Code Moody,	Type S	Occupation	Type IK	Description printed	Amendment Add	Amount \$15.0	
9/22/2019 / /	4522 NE 13th St Ocala, FL 34470				out 1700 petitions			
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

1) Name <u>Cynth:</u>	ia Anne Moody		REPORT – ITEMIZED	2) I.D. Numbei		492
3) Cover Period _	9/1/2019	through	30/2019 _//	4) Page <u>1</u>	of	0
(5) Date (6) Sequence Number	(7) Full Nan (Last, Suffix, Fir Street Addr City, State, Zi	st, Middle) ess &	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount
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