	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Cynthia Anne Moody	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1224600]								
(2)	4522 NE 13th ST Address (number and street)	Submitted on:								
	Ocala, FL 34470	8/11/2020 12:54:07 (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)	☐ Check here if PC or ECO has disbanded								
	Party Executive Committee (PTY)	☐ Check here if PTY 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	er Period: From <u>6</u> / <u>1</u> / <u>2020</u> To	9 / 10 / 2020 Report Type: <u>TR-Q</u>								
X O	original Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
		Monetary								
Cash	h & Checks \$, , 0 . <u>00</u>	Expenditures \$, , 0 . 00								
Loar	ns \$, , 0.00	Transfers to								
	,,	Office Account \$, , 0 . 00								
Tota	Il Monetary \$, , 0 . <u>00</u>									
		Total Monetary \$, , 0 . 00								
In-Ki	ind \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions								
		\$,, <u>0</u> 00								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$,, <u>25</u> . <u>00</u>	\$, , <u>25</u> . <u>00</u>								
	(11) Cert	tification								
	It is a first degree misdemeanor for any perso									
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:								
(T)	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		X								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Cynthia Anne Moody				2) I.D. Numbe	er4	92
	6/1/2020		9	/10/2020			
(3) Cover Perio	od///	thro	ough	11	(4) Pag	e	of
1000 98							
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
*							
I = I							
1 1							
8					:		
.8 3							
1 1							
1							
1 1							
J I							
<i>3</i> 6							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Cynthia	Anne	Moody				 (2) I.D. Nun	nber	4	192	
	6	/1/20	20		9/10/20	20	**	-			
(3) Cover P	eriod	I	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
8/11/2020	Moody, Cynthia A 4522 NE 13th St Ocala, FL 34470	paid back what was left in campaign account.	DI		\$11.86
1		uccount.		-	
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