

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Beth McCall  
 Name  
 (2) 7073 SE 12th Cir  
 Address (number and street)  
Ocala, FL 34480  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1193088]  
 Submitted on:  
 10/9/2019 13:39:11 (eastern)

Check here if address has changed

(3) ID Number: 493

(4) Check appropriate box(es):

- Candidate Office Sought: SCHOOL BOARD - 2
- 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 9 / 1 / 2019 To 9 / 30 / 2019 Report Type: M9

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   1   ,  400  .  00 

Loans \$      ,      ,   0  .  00 

Total Monetary \$      ,   1  ,  400  .  00 

In-Kind \$      ,      ,   0  .  00 

### (7) Expenditures This Report

Monetary Expenditures \$      ,      ,   0  .  00 

Transfers to Office Account \$      ,      ,   0  .  00 

Total Monetary \$      ,      ,   0  .  00 

### (8) Other Distributions

\$      ,      ,   0  .  00 

### (9) TOTAL Monetary Contributions To Date

\$      ,   1  ,  400  .  00 

### (10) TOTAL Monetary Expenditures To Date

\$      ,      ,   0  .  00 

### (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 Beth McCall (2) I.D. Number 493  
 (3) Cover Period 9/1/2019 through 9/30/2019 (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
9/29/2019 / /	Briggs, Randy 3385 SW 17th Ave Ocala, FL 34471	I	attorney	CH			\$250.00
1							
9/29/2019 / /	Brown, Connie 4040 SE 3rd St Ocala, FL 34471	I	retired	CH			\$200.00
2							
9/29/2019 / /	Cambias, Ann 1130 SE 13th Ave Ocala, FL 34471	I	retired	CH			\$200.00
3							
9/29/2019 / /	Cortes, Stephanie 1046 SE 11th Terr Ocala, FL 34471	I	dean health science cf	CH			\$250.00
4							
9/29/2019 / /	Crary, Bryan 90 SW 91st Pl Ocala, FL 34476	I	teacher mcps	CH			\$100.00
5							
9/29/2019 / /	Eddy, Ann ***Protected***	I	retired	CH			\$250.00
6							
9/29/2019 / /	Futch, R. William R. William Futch PA 2201 SE 30th Ave, Ste 202 Ocala, FL 34471	B	attorney	CH			\$100.00
7							
9/29/2019 / /	Griffiths, Patricia 1749 SE 164th Cir Ocklawaha, FL 32179	I	retired	CH			\$50.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Beth McCall

(2) I.D. Number 493

(3) Cover Period 9/1/2019 through 9/30/2019

(4) Page 1 of 0

(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					
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