

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
 [1222606]

Submitted on:
 8/3/2020 14:30:35 (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) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 6 / 1 / 2020 To 9 / 10 / 2020 Report Type: TR-Q

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 \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 9 , 074 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 9 , 074 . 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 6/1/2020 through 9/10/2020 (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 Beth McCall

(2) I.D. Number 493

(3) Cover Period 6/1/2020 / / through 9/10/2020 / /

(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					
6/20/2020 / / 1	Marion Cnty Childrens Alliance, 3482 NW 10th St Ocala, FL 34475	donation to non-profit	DI		\$3,400.00
6/20/2020 / / 2	Public Education Fnd Marion, 1239 NW 4th St Ocala, FL 34475	donation to non-profit	DI		\$2,000.00
6/20/2020 / / 3	Hospice of Marion County, 3231 SW 34th Ave Ocala, FL 34474	donation to non-profit	DI		\$2,034.79
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