

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MARION COUNTY FLORIDA LIBERTARIAN PARTY

Name

(2) 5625 SW 88TH PL

Address (number and street)

OCALA, FL 34476

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 294

(4) Check appropriate box(es):

☐ Candidate Office Sought: _____

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☒ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

OFFICE USE ONLY
ONLINE SUBMISSION
[1193115]

Submitted on:
10/9/2019 18:04:39 (eastern)

(5) Report Identifiers

Cover Period: From 7 / 1 / 2019 To 9 / 30 / 2019 Report Type: Q3

☒ 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 \$ _____ , _____ , 21 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 21 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 919 . 42

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 686 . 40

(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 MARION COUNTY FLORIDA LIBERTARIAN PARTY (2) I.D. Number 294
7/1/2019 9/30/2019
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MARION COUNTY FLORIDA LIBERTARIAN PARTY

(2) I.D. Number 294

(3) Cover Period 7/1/2019 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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
9/10/2019 / /	Regions Bank, 9297 SE Maricamp Rd Ocala, FL 34472	bank fees	MO		\$21.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					