

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) COMMITTEE TO IMPROVE MARION COUNTY
 Name
 (2) 5184 SE 20TH ST
 Address (number and street)
OCALA, FL 34480
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1251838]

Submitted on:
 11/30/2021 15:51:23 (eastern)

Check here if address has changed

(3) ID Number: 409

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- 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 11 / 1 / 2021 To 11 / 30 / 2021 Report Type: M11

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 \$ _____ , 4 , 163 . 18

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

Total Monetary \$ _____ , 4 , 163 . 18

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 34 , 400 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 26 , 600 . 78

(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 COMMITTEE TO IMPROVE MARION COUNTY (2) I.D. Number 409

11/1/2021 through 11/30/2021

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name COMMITTEE TO IMPROVE MARION COUNTY

(2) I.D. Number 409

(3) Cover Period 11/1/2021 through 11/30/2021

(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					
11/30/2021 / /	Budget Print Center, 1519 S pine Ave Ocala , Fl 34480	advocacy cards	MO		\$163.18
1					
11/30/2021 / /	Frontline Agency , 526 E park Ave Tallahassee, Fl 32301	mailer	MO		\$4,000.00
2					
/ /					
/ /					
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