	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Andy Griffiths	OFFICE USE ONLY							
- T	Name	ONLINE SUBMISSION							
(2)	40 Key Haven Rd	Submitted on:							
	Address (number and street)	2/28/2020 15:41:25 (eastern)							
	Key West, FL 33040 City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 498							
(4)		(3) ID Number.							
(4)	Check appropriate box(es): \(\text{School Board I} \)	Members Dist 2							
	Political Committee (PC)	Melibers, Disc. 2							
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
	☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [☐ Independent Expendent	☐ 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							
_		Identifiers							
	er Period: From 2 / 1 / 2020 To								
X O	Priginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	h & Checks \$, , 0 . 00	Monetary							
Loar	s,,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,0 . 00							
Tota	Il Monetary \$, , 0 . 00	Total Monetary \$, , , 58 . 20							
In-Ki	ind \$,,,000								
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, _ <u>1</u> , <u>000</u> . <u>00</u>	\$,, <u>137</u> . <u>64</u>							
(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:									
_(T	ype name)	_(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		x							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Andy Griffiths	(2) I.D. Number							
	2/1/2020		2	/29/2020					
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Page	a 1	of		
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _A	ndy	Griffit	hs					 (2) I.D. Nur	nber	4	198	
		2/1/2	020			2/29/2	2020		-			
(3) Cover Pe	eriod	1		1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
2/27/2020	Supervisor of Elections, 530 Whitehead Street Key West, FL 33040	petition card verification fee	МО		\$58.20
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