

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charles L. (Charlie) Gressman
 Name
 (2) 45142 Gressman Dairy Road
 Address (number and street)
Callahan, FL 32011
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1195962]

Submitted on:
 12/9/2019 17:27:01 (eastern)

Check here if address has changed (3) ID Number: 550

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner, District 5

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 11 / 1 / 2019 To 11 / 30 / 2019 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 \$, , 21 . 30

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 21 . 30

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

(9) TOTAL Monetary Contributions To Date
 \$, 5 , 110 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 3 , 956 . 79

(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 Charles L. (Charlie) Gressman (2) I.D. Number 550

11/1/2019 through 11/30/2019

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Charles L. (Charlie) Gressman

(2) I.D. Number 550

(3) Cover Period 11/1/2019 through 11/30/2019

(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
(6) Sequence Number					
11/13/2019 / /	Supervisor of Elections, 96135 Nassau Place, Suite 3 Yulee, FL 32097	petition verification	MO		\$11.30
1					
11/29/2019 / /	Wells Fargo Bank, 542196 US Highway 1 Callahan, FL 32011	monthly checking account service fee	MO		\$10.00
2					
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