CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Timothy Bryant	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1222842]						
(2) 5837 Hunting Meadows Drive	Submitted on:						
Address (number and street) Crestview, FL 32536	8/4/2020 14:09:49 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 619						
(4) Check appropriate box(es):							
Candidate Office Sought: School Board	Member, Dist. 4						
Political Committee (PC)							
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded						
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From <u>11</u> / <u>1</u> / <u>2019</u> To	11 / 30 / 2019 Report Type: M11						
□ Original	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 000	Expenditures \$, , , 50						
¢ 0.00							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Total Monetary \$, , 0.00	Office Account \$,, 0 . 00						
	Total Monetary \$, , 4.50						
In-Kind \$,,0.00	· · · · · · · · · · · · · · · · · · ·						
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>2</u> , <u>990</u> . <u>00</u>	\$,, 144.50						
(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, cor							
(Type name)	(Type name)						
or electioneering comm.)							
X	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name				(2) I.D. Number				
11/1/2019			11/30/2019						
(3) Cover Perio	od / /	thro	ough	11	(4) Page	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1									
1 1									
1 1									
1 1									
1 1	-								
1 1									
1 1	-								
/ /									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Timo	thy Bryant	(TEMIZED EXPENDITURES(2) I.D. Number		
(3) Cover Period	11/1/2019 I/through_	11/30/2019 //	4) Page <u>1</u>	of_	1
(5) Date (6) Sequence Number	(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
	Transaxt, 190 Monroe Ave Grand Rapids, MI 49503	credit card fee.	МО	Add	\$4.50
_/ /					
_/ /					
_/ /					
_/ /					
11					
11					

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