	CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Richard Scott Johnson	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	4423 Windlake Drive	Submitted on:								
	Address (number and street)	6/16/2020 12:10:08 (eastern)								
	Niceville, FL 32578 City, State, Zip Code									
		(2) 12.11								
	Check here if address has changed	(3) ID Number: 626								
(4)	Check appropriate box(es):									
	Candidate Office Sought: County Commiss	sioner, Dist. 5								
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ 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								
	individual making electioneering communications)									
	(5) Report	Identifiers								
Cove	rer Period: From 6 / 1 / 2020 To									
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
1.1		Monetary								
Cash	h & Checks \$, , 200 . 00	Expenditures \$, , 625 . 00								
Loar	ns \$, , ,0 . <u>00</u>	Transfers to								
	-	Office Account \$, , , 0 . 00								
Tota	al Monetary \$, , <u>200</u> . <u>00</u>									
	0.00	Total Monetary \$, , <u>625</u> . <u>00</u>								
In-Ki	ind \$,, <u>0</u> .00									
	1	(8) Other Distributions								
		\$, , <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, <u>32</u> , <u>870</u> . <u>08</u>								
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)										
اء	-	• • • • • • •								
I certify that I have examined this report and it is true, correct, and complete:										
-	ype name)	(Type name)								
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		X								
	ignature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Richard Scott Johns	on		2) I.D. Numbe	526		
	6/1/2020		6	/12/2020			
(3) Cover Per	riod / /	thro	ough	11_	(4) Page	e 1	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		Occupation	Туре	Description	Amendment	Amount
6/10/2020	Mayhan, Daniel 206 Capri Cove Niceville, Fl 32578	I	physical therapist	СН	*		\$200.0
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1 1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _F	Richard	Scott	John	son			 (2) I.D. Nun	nber	6	526	
	(5/1/20	20		6/12/2	020					
(3) Cover Po	eriod	I	1	through	/	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
6/4/2020	Bill Salter Adv, 5547 Highway 90, Milton, FL 32571 Milton, Fl 32571	adv	МО		\$500.00
1					
6/11/2020	Webelect, 10150 Highland Manor Dr, Ste 200 Tar Tampa, Fl 33610	data mpa, FL 33610	МО		\$125.00
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