CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Bruce H. Antone	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1211986]						
(2) P.O. Box 608	Submitted on:						
Address (number and street)	6/19/2020 10:57:13 (eastern)						
Ocoee, FL 34761 City, State, Zip Code							
Check here if address has changed	(3) ID Number: 174						
(4) Check appropriate box(es):							
Candidate Office Sought: School Board	Dist. 5						
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 <u>6</u> / <u>1</u> / <u>2020</u> T	o <u>6</u> / <u>12</u> / <u>2020</u> Report Type: <u>P1</u>						
Original Amendment S	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$ , , , 000	Expenditures \$, _1 , 600 . 00						
\$ 0.00	Transforme						
Loans \$,, <u>0</u> .00	Transfers to           Office Account         \$,,,						
Total Monetary \$ , , 0 . 00	· · · · · · · · · · · · · · · · · · ·						
	Total Monetary \$ , 1 ,600 .00						
In-Kind \$,,0.00							
	(8) Other Distributions						
	\$,, 00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>2</u> , <u>000</u> . <u>00</u>	\$ 1 , 600 . 00						
· / /	· / / ·						
	ertification						
	rson 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)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	<u>X</u>						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name Bruce H. Antone				(2) I.D. Number <sub>174</sub>				
	6/1/2020			/12/2020		7	0		
(3) Cover Perio	od / /	thro	bugh	11	(4) Page	è	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 Bruc	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES e H. Antone (2) I.D. Number 174								
(3) Cover Period	6/1/2020 I//through	6/12/2020 //(	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				
6/10/2020 1	Supervisor of Elections, Orange County Florida 119 W. Kaley Street Orlando, Fl 32806	candidate filing fee for candidate qualifying for august election	МО	Add	\$1,600.00				
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES