| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | |
|---|--|--|--|--|--|--|--|
| (1) _= | Bruce H. Antone | OFFICE USE ONLY | | | | | |
| | Name | ONLINE SUBMISSION [1215606] | | | | | |
| I (-/ | P.O. Box 608 | Submitted on: | | | | | |
| 1 | Address (number and street) | 7/9/2020 05:50:45 (eastern) | | | | | |
| I — | City, State, Zip Code | | | | | | |
| | Check here if address has changed | (3) ID Number: 174 | | | | | |
| | Check appropriate box(es): | (0) 2 | | | | | |
| 1 · · · | Candidate Office Sought: School Board | Dist. 5 | | | | | |
| | Political Committee (PC) | | | | | | |
| | | 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 | | | | | |
| ir | ndividual making electioneering communications) | | | | | | |
| | (5) Report | Identifiers | | | | | |
| Cover | | 6 / 26 / 2020 Report Type: P2 | | | | | |
| Orig | | ecial Election Report | | | | | |
| | Contributions This Report | (7) Expenditures This Report | | | | | |
| | | | | | | | |
| Cash | & Checks \$, , 0 . 00 | Monetary Expenditures \$ _ , _ , _ 0 . 00 | | | | | |
| Casire | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Loans | \$,,0.00 | Transfers to | | | | | |
| | | Office Account \$,,,0 . 00 | | | | | |
| Total N | Monetary \$,, <u>0</u> . <u>00</u> | | | | | | |
| | | Total Monetary \$, , , 0 . 00 | | | | | |
| In-Kind | d \$,, <u>0</u> .00 | | | | | | |
| | | (8) Other Distributions | | | | | |
| | | \$,, <u>0</u> . <u>00</u> | | | | | |
| (9) T | OTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | | |
| \$ | , <u>3</u> , <u>250</u> . <u>00</u> | \$,,49_ | | | | | |
| | | | | | | | |
| (11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) | | | | | | | |
| l cer | tify that I have examined this report and it is true, corr | - | | | | | |
| | | | | | | | |
| | e name) dividual (only for IE | (Type name) | | | | | |
| | ectioneering comm.) | | | | | | |
| Y Y | | | | | | | |
| X Sign | ature | X Signature | | | | | |
| Jight | | oignature | | | | | |

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | | | (2) I.D. Number ₁₇₄ | | | | | |
|--------------------|---|------|--------------------------------|--------------|-------------|-----------|---------|--|
| | | | | 6/26/2020 | | | | |
| (3) Cover Per | iod / / | thre | | | (4) Pa | ge _1 | of | |
| (5) Date (6) | (7) Full Name (Last, Suffix, First, Middle) | | (8) | (9) | (10) | (11) | (12) | |
| Sequence | Street Address & | C | ontributor | Contribution | In-kind | | | |
| Number | City, State, Zip Code | | Occupation | Туре | Description | Amendment | Amount | |
| 6/20/2020 / / | Perry, LaDrean PO Box 905 Orlando, Fl 32805 | | small business owner | СН | | Delete | \$500.0 | |
| 6/20/2020 /* / | Perry, LaDrean PO Box 905 Orlando, Fl 32805 | I | healthcare consultant | e CH | | Add | \$500.0 | |
| 2 | | | | | | | | |
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| (1) Name Bruce | CAMPAIGN TREASURER'S | | D EXPENDIT (2) I.D. Number | | 174 |
|---------------------------|---|--|-------------------------------|-----------|--------|
| (3) Cover Period | 6/13/2020 /through | 6/26/2020 // | (4) Page <u>1</u> | of | 0 |
| (5) Date | (7) Full Name (Last, Suffix, First, Middle) | (8) Purpose | (9) | (10) | (11) |
| (6) Sequence Number | City, State, Zip Code | (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
| _/ / | | | | | |
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