

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Scott
 Name

(2) P.O. Box 581133
 Address (number and street)
Orlando, FL 32858
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1212598]

Submitted on:
 6/21/2020 01:17:34 (eastern)

Check here if address has changed (3) ID Number: 203

(4) Check appropriate box(es):

Candidate Office Sought: School Board Dist. 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 6 / 1 / 2020 To 6 / 12 / 2020 Report Type: P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 2 , 000 . 00

Loans \$, , 0 . 00

Total Monetary \$, 2 , 000 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 1 , 600 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 1 , 600 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 2 , 000 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 1 , 600 . 00

(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 Michael Scott (2) I.D. Number 203
 (3) Cover Period 6/1/2020 through 6/12/2020 (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
6/5/2020 / /	Scott, Michael R P.O. Box 581133 Orlando, FL 32858	S	candidate	CH			\$1,000.00
1							
6/10/2020 / /	Smith, Diana F.S. 119.071 Exempt Orlando, FL 32801	I	fire marshal	CH			\$500.00
2							
6/10/2020 / /	Scott, Michael F.S. 119.071 Exempt Orlando, FL 32801	I	manager	CH			\$500.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Scott

(2) I.D. Number 203

(3) Cover Period 6/1/2020 through 6/12/2020

(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					
6/12/2020 / /	Elections, Supervisor Of 119 West Kaley Orlando, FL 32806	candidate qualifying fee	MO		\$1,600.00
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