CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Michael Scott	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	P.O. Box 581133	Submitted on:								
	Address (number and street) Orlando, FL 32858	7/5/2020 23:17:27 (eastern)								
	City, State, Zip Code									
	☐ 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) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 									
	(5) Report	dentifiers								
Cove	er Period: From 6 / 1 / 2020 To									
	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, , ,000	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, ,000	Total Monetary \$, , 0 . 00								
In-Ki	and \$,,,000									
		(8) Other Distributions \$, , 000_								
(9)	TOTAL Monetary Contributions To Date \$, 2 ,00000	(10) TOTAL Monetary Expenditures To Date \$, 1 , _60000								
(T		tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)								
<u>X</u>		<u>X</u>								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Michael Scott	(2) I.D. Number						
	6/1/2020			/12/2020				
(3) Cover Perio	od / /	thro	ough	11	(4) Pag	je <u>1</u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
6/10/2020	Scott, Michael F.S. 119.071 Exempt Orlando, FL 32801	I	manager	СН		Delete	\$500.0	
1								
6/10/2020 / /	Scott, Michael F.S. 119.071 Exempt Orlando, FL 32801		code enforcemer t manager	CH 1		Add	\$500.0	
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(1) Name Micha	AMPAIGN TREAS		() EXPENDII 2) I.D. Number		203
(3) Cover Period	6/1/2020 //t	6/12 hrough/	/2020	4) Page <u>1</u>	of	0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First Street Addres City, State, Zip	, Middle) s &	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount
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