

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) RURAL  
 Name  
 (2) 524 Meridale Ave.  
 Address (number and street)  
Orlando, FL 32803  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1245141]

Submitted on:  
 4/10/2021 12:14:50 (eastern)

Check here if address has changed

(3) ID Number: 162

(4) Check appropriate box(es):

- Candidate Office Sought: \_\_\_\_\_
- 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 2 / 1 / 2020 To 2 / 29 / 2020 Report Type: M2

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Loans                      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

In-Kind                      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_ , \_\_\_\_\_ , 20 . 00

Transfers to Office Account      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 20 . 00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 225 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 76 . 28

### (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 RURAL (2) I.D. Number 162

(3) Cover Period 2/1/2020 through 2/29/2020 (4) Page 1 of 0

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name RURAL

(2) I.D. Number 162

(3) Cover Period 2/1/2020 through 2/29/2020

(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					
2/29/2020 / /	Seacoast National Bank, 250 North Orange Ave., Suite 100 Orlando, FL 32801	service charge	MO	Add	\$15.00
1					
2/29/2020 / /	Seacoast National Bank, 250 North Orange Ave., Suite 100 Orlando, FL 32801	service charge	MO	Add	\$5.00
2					
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