

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Katrina Scarborough
 Name
 (2) 6043 Lake Lizzie Dr.
 Address (number and street)
St. Cloud, FL 34771
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1228271]
 Submitted on:
 8/28/2020 14:36:58 (eastern)

Check here if address has changed (3) ID Number: 370

(4) Check appropriate box(es):
 Candidate Office Sought: Property Appraiser
 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 8 / 14 / 2020 To 8 / 21 / 2020 Report Type: G1
 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 \$, , 126 . 45
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 126 . 45

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

(9) TOTAL Monetary Contributions To Date
 \$, 33 , 725 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 5 , 876 . 59

(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 Katrina Scarborough (2) I.D. Number 370

(3) Cover Period 8/14/2020 through 8/21/2020 (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 Katrina Scarborough

(2) I.D. Number 370

(3) Cover Period 8/14/2020 through 8/21/2020

(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					
8/18/2020 / /	Office Depot, 3107 W. Vine St. Kissimmee, FL 34741	office supplies	MO		\$58.02
1					
8/20/2020 / /	United States Post Office, 1538 Tallahassee Blvd. Intercession City, FL 33848	stamps	MO		\$55.00
2					
8/21/2020 / /	Staples, 4058 13th St. St. Cloud, FL 34769	office supplies	MO		\$13.43
3					
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