

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Katrina Scarborough  
 Name

(2) 6043 Lake Lizzie Drive  
 Address (number and street)

St. Cloud, FL 34771  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1305457]

Submitted on:  
 4/8/2024 18:51:28 (eastern)

Check here if address has changed (3) ID Number: 621

(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 1 / 1 / 2024 To 3 / 31 / 2024 Report Type: Q1

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 \$        ,        , 4 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 4 . 00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 5 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 4 . 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 Katrina Scarborough (2) I.D. Number 621

1/1/2024 through 3/31/2024

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (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 621

(3) Cover Period 1/1/2024 through 3/31/2024

(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					
2/29/2024 / /	Southstate Bank, 4898 E Irlo Bronson Mem Hwy St Cloud, FL 34771	statement fee	MO		\$2.00
1					
3/29/2024 / /	Southstate Bank, 4898 E Irlo Bronson Mem Hwy St Cloud, FL 34771	statement fee	MO		\$2.00
2					
/ /					
/ /					
/ /					
/ /					
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