CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Barbara McQuinn	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION [1204362]						
(2)	118 Magnolia Way	Submitted on:						
	Address (number and street)	4/10/2020 10:54:02 (eastern)						
	Tequesta, FL 33469							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:519						
(4)	Check appropriate box(es):							
	Candidate Office Sought: School Board,	Dist. 1						
	Political Committee (PC)	Charle have if DC as ECO has dishanded						
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove		3 / 31 / 2020 Report Type: M3						
		ecial Election Report						
		<u> </u>						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	h & Checks \$, , ,000_	Monetary						
Loar	s \$,, <u>0</u> .00	Transfers to Office Account \$, , 0 . 00						
Tota	Il Monetary \$, , , 000	Total Monetary \$, , 2 . 00						
In-Ki	ind \$,,, <u>0</u> 00	,,,						
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\	\$, _ 4_, _00000_	\$, , 6 . 00						
		·						
	(11) Cert It is a first degree misdemeanor for any perso							
I certify that I have examined this report and it is true, correct, and complete:								
(T)	(Type name) (Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Barbara McQuinn			(2) I.D. Numbe	r5	519
	3/1/2020		3/31/2020			
(3) Cover Perio	od//	through	1 1	(4) Pag	e ¹	of ⁰
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name					
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contribu	tor Contribution	In-kind		
Number	City, State, Zip Code		upation Type	Description	Amendment	Amount
)	30%		2310	*		
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87 6	-					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Barbara	McQui	nn				 (2) I.D. Nun	nber	5	519	
	3	/1/20	20		3/31/20	20					
(3) Cover Po	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/2/2020	PNC Bank, 1240 W Indiantown Rd Jupiter, FL 33458	statement fee	MO		\$2.00
1	oupred1/ 12 33130				
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