	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Brandi Geoit	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION [1198443]						
(2)	8348 Little Rd; Unit #139	Submitted on:						
	Address (number and street)	2/2/2020 18:17:52 (eastern)						
	New Port Richey, FL 34654	2,2,2020 10 17 102 (casecin)						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:1123						
(4)	Check appropriate box(es):							
	Candidate Office Sought: County Commis	sioner District 5						
	Political Committee (PC)	Check how if DC on ECO has dishauded						
	☐ 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	er Period: From $1 / 1 / 2020$ To							
<u> </u>	Priginal Amendment Spo	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	h & Checks \$,, <u>500</u> . <u>00</u>	Monetary						
Loar	s , , , <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00						
Tota	Monetary \$ , , <u>500</u> . <u>00</u>	Total Monetary \$ , , 747 . 47						
In-Ki	ind \$ , , 0.00							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,3_, 901 . 08	\$ , 2, 380. 79						
		tification on to falsify a public record (ss. 839.13, F.S.)						
l -		• • • • • • • • • • • • • • • • • • • •						
1 0	I certify that I have examined this report and it is true, correct, and complete:							
<u>(T</u>	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		x						
Si	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Brandi Geoit				2) I.D. Numbe	er1	123
	1/1/2020			/31/2020		-	1
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1/20/2020	Noel, Judith 7935 Slate Ct NPR, FL 34654		doctor	СН	Description	7.110.10.110.11	\$500.0
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1 1							
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f I							
1 1							

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

(1) Name Bra	ndi	Geoit					 (2) I.D. Nur	nber	-	1123	-
		1/1/20	20		1/31/2	020	-	-			
(3) Cover Perio	d	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
1/20/2020	Club of Pasco , African American 6105 Pine Hill Rd Port Richey, FL 34668	event sponsporship	MO		\$455.00
1/29/2020	Depot , Office 9479 us 19 Port Richey , FL 34668	printing supplies	МО		\$58.83
1/29/2020	Imprint , 4 101 Commerce St Oshkosh, WI 54901	promotional items	МО		\$192.34
1/30/2020	Elections , Supervisor of PO Box 300 Dade City , FL 33526	petitions	MO		\$41.30
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