CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Ronald E. Oakley	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1210084]						
(2) 8423 Fort King Road	Submitted on:						
Address (number and street) Zephyrhills, FL 33541	6/11/2020 07:31:35 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 1144						
(4) Check appropriate box(es):							
 Candidate Office Sought: <u>County Commissioner District 1</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 							
(5) Report Identifiers							
Cover Period: From <u>5</u> / <u>1</u> / <u>2020</u> To	5 / <u>31</u> / <u>2020</u> Report Type: <u>M5</u>						
🖾 Original 🗌 Amendment 🗌 Sp	pecial Election Report						
(6) Contributions This Report (7) Expenditures This Report							
Cash & Checks \$, , , 000	Monetary Expenditures \$,,,						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$						
Total Monetary \$	Total Monetary \$, , , , 00						
······································	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>117</u> , <u>150</u> . <u>00</u>	\$, <u>11</u> , <u>976</u> . <u>76</u>						
(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)	(Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Ronald E. Oakley	(2) I.D. Number1144					144		
	5/1/2020			5/31/2020					
(3) Cover Perio	od / /	thro	bugh	11	(4) Page	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1	-								
1 1	-								
1 1	-								
1 1	-								
I I	-								
J I	-								
1 1	-								
1 1	_								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Rona	CAMPAIGN TREASURER' ld E. Oakley		EXPENDITURES		
(3) Cover Period	5/1/2020 /through_	5/31/2020 // (4	4) Page <u>1</u>	of_	1
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
	CenterState Bank, 14045 7th St Dade City, FL 33525	bank fees	МО		\$2.00
_/ /					
_/ /					
11					
_/ /					
_ / /					
11					
11					

DS-DE 14 (Rev. 11/13)

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