

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christina M. Fitzpatrick
 Name
 (2) 7806 Glencoe Dr
 Address (number and street)
New Port Richey, FL 34653
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1239225]

Submitted on:
 11/15/2020 23:21:58 (eastern)

Check here if address has changed

(3) ID Number: 1218

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 4
- 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 11 / 16 / 2020 Report Type: TRP

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 \$, , 587 . 62

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 587 . 62

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 9 , 451 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 9 , 451 . 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 Christina M. Fitzpatrick (2) I.D. Number 1218

8/14/2020 11/16/2020

(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 Christina M. Fitzpatrick

(2) I.D. Number 1218

(3) Cover Period 8/14/2020 through 11/16/2020

(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
8/31/2020 / / 1	Grow Financial, 6121 State Road 54 New Port Richey, FL 34653	bank fee	MO		\$4.00
9/30/2020 / / 2	Grow Financial, 6121 State Road 54 New Port Richey, FL 34653	bank fee	MO		\$4.00
11/15/2020 / / 3	Fitzpatrick, Christina 7806 Glencoe Drive New Port Richey, FL 34653	partial payment of loan	MO		\$579.62
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