	CAMPAIGN TREASURE	ER'S REPORT SUMMARY
(1)	Joshua M. Stringfellow	OFFICE USE ONLY
` '	Name	ONLINE SUBMISSION
(2)	15434 Pepper Pine Ct	Submitted on:
	Address (number and street)	7/20/2020 18:59:21 (eastern)
	Land O Lakes, FL 34638	(casecin)
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:1281
(4)	Check appropriate box(es):	
	☐ Candidate Office Sought: School Board	Member District 4
	Political Committee (PC)	□ ol - l l - '', po - 500 l - '', l - l - l
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded
		Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Panori	t Identifiers
Cove		7 / 10 / 2020 Report Type: P3
		ecial Election Report
		T rection Report
(6)	Contributions This Report	(7) Expenditures This Report
	•	Monetary
Cash	n & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00
1	s \$, , 0.00	Topostonito
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$
Toto	I Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00
Tota	I Monetary \$, , 000	Total Monetary \$. 0 . 00
I IZ:	nd \$, , 0.00	Total Monetary \$, , , 0 . 00
In-Ki	nd \$,,	(0) Others Bistailesties
		(8) Other Distributions \$, , 0.00
		\$,,000
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$, <u>11</u> , <u>410</u> . <u>00</u>	\$, <u>7</u> , <u>848</u> . <u>77</u>
		tification son to falsify a public record (ss. 839.13, F.S.)
Ιc	ertify that I have examined this report and it is true, corr	ect, and complete:
_(T)	ype name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
X		x
	gnature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Joshua M. Stringfel	low	(2) I.D. Numb	er ₁					
	6/27/2020 od//	7	//10/2020							
(5) Date (6) Sequence Number	(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)	(12) Amount				
6/30/2020	Scilex, Dawn Restricted Restricted, FL Restricted	I schoolprin	d CH		Delete	\$300.0				
6/30/2020	Scilex, Dawn 7729 Campus Dr. New Port Richey, FL 34653	I schoolprin	сн		Add	\$300.0				
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1 1										
1 1										
/ /										
1 1										

C) 1) Name <u>Joshua</u>	AMPAIGN TREASURER'S R M. Stringfellow	(2	EXPENDIT 2) I.D. Number		1281
3) Cover Period _	6/27/2020 7/ / through	10/2020 _//(4	1) Page1	of	0
(5) Date (6) Sequence Number	(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)	(11) Amount
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