CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Cynthia Armstrong	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1248993]						
(2) 9251 Alcott Way	Submitted on:						
Address (number and street) Trinity, FL 34655	9/8/2021 09:38:32 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: <u>1380</u>						
(4) Check appropriate box(es):							
Candidate Office Sought: School Board	Member District 3						
<ul> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> </ul>	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 <u>8</u> / <u>1</u> / <u>2021</u> To	8 / <u>31</u> / <u>2021</u> Report Type: <u>M8</u>						
Criginal Amendment Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$ , , , 0 . 00	Expenditures \$,, 24 . 95						
Loans \$,,00	Transfers to						
	Office Account \$,,,						
Total Monetary \$,,,000							
	Total Monetary \$,,,,,						
In-Kind \$,, 00							
	(8) Other Distributions \$ , , 0, 00						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>    5</u> , <u>   000</u> · <u>  00</u>	\$,, <u>24</u> . <u>_95</u>						
(11) Ca	I tification						
(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	<u>X</u>						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Cynthia Armstrong	(2) I.D. Number					380
	8/1/2021		8	/31/2021		1	0
(3) Cover Peri	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 &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1	-						
1 1	-						
1 1							
1 1	-						
1 1	-						
1 1	-						
1 1	-						
1 1	_						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Cynt</u>	CAMPAIGN TREASURER'		D EXPENDIT (2) I.D. Number		1380
(3) Cover Period	8/1/2021 I/_/through_	8/31/2021 //	(4) Page <u>1</u>	of_	1
(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) Amendment	(11) Amount
	National Bank of Pasco, First 13315 US Hwy 301 Dade City, FL 33525	checks	MO		\$24.95
_ / /					
_ / /					
_/ /					
_/ /					
_/ /					
_/ /					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES