

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) James M. Washington  
 Name  
 (2) PO Box 2277  
 Address (number and street)  
Saint Leo, FL 33574  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1291847]

Submitted on:  
 2/3/2023 12:50:38 (eastern)

Check here if address has changed (3) ID Number: 1442

(4) Check appropriate box(es):

Candidate Office Sought: School Board Member District 1

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 10 / 8 / 2022 To 10 / 21 / 2022 Report Type: G6a

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 10 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 10 . 00

In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 0 . 78

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 0 . 78

**(8) Other Distributions**  
 \$      ,      , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      , 20 , 037 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      , 21 , 024 . 95

### (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 James M. Washington (2) I.D. Number 1442

10/8/2022 through 10/21/2022

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 1

(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
10/11/2022 / /	Kucinski, Janet 9707 Ranelle Lane Port Richey, FL 34668	I	retired	CH		Add	\$10.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name James M. Washington

(2) I.D. Number 1442

(3) Cover Period 10/8/2022 through 10/21/2022

(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
(6) Sequence Number					
10/21/2022 // 1	ActBlue, P O Box 441146 Sommerville, MA 02144	actblue fee	MO	Add	\$0.78
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