	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	James M. Washington	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION						
(2)	PO Box 2277	Submitted on:						
	Address (number and street)	2/3/2023 12:39:14 (eastern)						
	Saint Leo, FL 33574 City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number: 1442						
(4)	_	(9) ID Number						
(4) Check appropriate box(es): □ Candidate Office Sought: School Board Member District 1 □ 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 file								
	(5) Report	dentifiers						
Cove	er Period: From 5 / 1 / 2022 To							
□ O	original ⊠ Amendment ☐ Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
	h & Checks \$, , 000	Monetary						
Loan		Transfers to Office Account \$, , , 0 . 00						
Total	Il Monetary \$,,,0 ind \$, , , 0 . 00	Total Monetary \$, , _45 . 96						
HEIM	TIU + , ,	(8) Other Distributions \$, , <u>0</u> 00_						
(9)	TOTAL Monetary Contributions To Date \$,19 ,90200_	(10) TOTAL Monetary Expenditures To Date \$,20 ,75584_						
(Ty	(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							
X	gnature	X Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	<u>James M. Washington</u>				2) I.D. Numbe	er1	442
	5/1/2022			/31/2022			
(3) Cover Perio	od / /	thro	ough	1 1	(4) Pag	e ¹	of ⁰
			10007				
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		. ,		\(\frac{1}{2}\)	1000 100	
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name James	Μ.	Wash	ington				 (2) I.D. Nun	nber	-	1442	300
	5/	1/202	2		5/31/2	022	~ ~	-			
(3) Cover Period		1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
5/31/2022	ActBlue, P O Box 441146 Sommerville, MA 02144	merchant swipe fee	MO	Add	\$45.96
1	Sommerville, MA 02144				
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DS-DE 14 (Rev.	4442				