	CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Clyde (CJ) Smith II	OFFICE USE ONLY								
7 1	Name	ONLINE SUBMISSION								
(2)	4824 School Rd	Submitted on:								
	Address (number and street)	1/9/2024 18:15:57 (eastern)								
	Land O Lakes, FL 34638									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:1603								
(4)	Check appropriate box(es):									
	☐ Candidate Office Sought: School Board	Member District 2								
	Political Committee (PC)	Charle have if DC as ECO has dishanded								
		☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded								
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)									
	(5) Papart	· Idantifiana								
Cave		Identifiers								
		12 / 31 / 2023 Report Type: Q4								
<u>X</u> 0	Original Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
		Monetary								
Casl	h & Checks \$, , <u>100</u> . <u>00</u>	Expenditures \$, , 0 . 00								
er	Φ 0.00									
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$								
	• 100 00	Office Account \$, , , 0 . 00								
Tota	al Monetary \$, , <u>100</u> . <u>00</u>	Total Manaton, d								
	0.00	Total Monetary \$, , 0 . 00								
In-Ki	ind \$,,,000									
		(8) Other Distributions								
		\$, , <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, , <u>0</u> . <u>00</u>								
	(11) Cert									
	It is a first degree misdemeanor for any personal	• • • • • • •								
I certify that I have examined this report and it is true, correct, and complete:										
(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		X								
Si	ignature	Signature								

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name								
	10/1/2023			 .2/31/2023			.003	
(3) Cover Perio	od///	thre			(4) Pag	e	of	
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	5:60	(8) ontributor	(9)	(10) In-kind	(11)	(12)	
Number 12/13/2023 / 1	City, State, Zip Code Smith, Clyde Leigh 4824 School Rd Land O, FL 34638		Occupation teacher	Type CA	Description	Amendment	Amount \$50.00	
12/13/2023	Amber, Smith Leigh 4824 School Rd. Land O'Lakes, FL 34638	I	nurse	CA			\$50.00	
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Clyd	e (CJ)	Smith	ıII	200 may 1 ma	10.000000000000000000000000000000000000	200 AN 140 150-2400	 (2) I.D. Nun	nber		1603	.00
	10/	1/2023			12/31/2	2023	**	-			
(3) Cover Period	li	<u></u>		_through_			 (4) Page	1	of	0	

(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
11					
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11					
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DS-DE 14 (Rev.	11/13 \	-			