(1) Lorena Grizzle Name (2) P.O. Box 700 Address (number and street) Lorgo FI 23770 OFFICE USE ONLY ONLINE SUBMISSIO [1163534] Submitted on: 7/27/2018 23:23:20 (easter	
(2) P.O. Box 700 Address (number and street) Submitted on: 7/27/2018 23:23:20 (easter	
Address (number and street) Submitted on: 7/27/2018 23:23:20 (easter	n)
7/27/2018 23:23:20 (easter	cn)
Largo, FL 33779 City, State, Zip Code	
Check here if address has changed (3) ID Number: 954	
(4) Check appropriate box(es): \[\times \text{ Candidate } \text{ Office Sought: School Board Member - District 6 - Single Member } \]	
Political Committee (PC)	
☐ Electioneering Communications Org. (ECO) ☐ Check here if PC or ECO has disbanded	
Party Executive Committee (PTY) Check here if PTY has disbanded	CI II
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if no other IE or EC reports will be	e filea
(5) Report Identifiers	
Cover Period: From $\frac{7}{2}$ / $\frac{7}{2}$ / $\frac{2018}{2018}$ To $\frac{7}{2}$ / $\frac{20}{2018}$ Report Type: $\underline{}$	Ρ3
(6) Contributions This Report (7) Expenditures This Report	
Monetary	
Cash & Checks \$,1, _10000	00
Loans \$,, _0 . 00 Transfers to Office Account \$	
· _ ' _ ' _ ' _ '	00
Total Monetary \$, 1 , _10000 Total Monetary \$, 0 .	0.0
142 05	
(8) Other Distributions \$, 0 00	
, <u> </u>	_
(9) TOTAL Monetary Contributions To Date (10) TOTAL Monetary Expenditures To I	Date
\$	-
(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 □ Candidate □ Chairperson (only for PC are properties)	nd PTV)
or electioneering comm.)	M 111)
X Signature Signature	

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	rena Grizz	le			(2) I.D. Number		954	
	7/7/2018	3		7/20/	2018				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1

		7		İ	T	Т	*
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_	recovered to the second	2-0000000000000000000000000000000000000	Inc. Internal		
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	8
Number	City, State, Zip Code	Type I	Occupation teacher	Type CH	Description	Amendment	Amount \$100.00
7/18/2018 / /	Gandolfo, Mike 153 Arber Dr. E Palm Harbor, FL 34683	1	ceacher	СП			\$100.00
1							
7/18/2018	Pinellas Coalition for Public, Schools	C	pac	СН			\$1,000.00
2	650 Seminole Blvd Largo, FL 33770						
7/15/2018 / /	Grizzle, Lorena p.O. Box 700 LARGO, FL 33779	S	teacher	IK	office rent		\$400.00
3		÷					
7/11/2018 / /	Grizzle, Teacher p.O. Box 700 LARGO, FL 33779	S	teacher	IK	office supplies		\$43.85
4							
f f							
<i>f</i> 1							
1 1							
J J							

Name Lorenz	7/7/2018	7/	(2) I.D. Number 954			
Cover Period _				(4) Page1	of	0
(5) Date (6) Sequence Number	(7 Full N (Last, Suffix, Street Ac City, State	lame First, Middle) Idress &	(8) Purpose (add office sought contribution to a candidate)	if Expenditure Type	(10)	(11)
//						
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