

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Karl Nurse
 Name
 (2) 176 21st Ave S.E
 Address (number and street)
St. Petersburg, FL 33705
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1234680]
 Submitted on:
 10/15/2020 12:24:52 (eastern)

Check here if address has changed (3) ID Number: 1015

(4) Check appropriate box(es):
 Candidate Office Sought: School Board Member - District 7 - 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
 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 10 / 3 / 2020 To 10 / 9 / 2020 Report Type: G5
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 75 . 00
 Loans \$, , 0 . 00
 Total Monetary \$, , 75 . 00
 In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 0 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 81 , 923 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 80 , 261 . 84

(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 Karl Nurse (2) I.D. Number 1015
 (3) Cover Period 10/3/2020 through 10/9/2020 (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 |
|---------------------------|--|---------------------------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | | | | |
| 10/9/2020 / / | Nurse, Patricia 2655 Nebraska Ave Unit 339 Palm Harbor, FL 34684 | I | | CH | | | \$50.00 |
| 1 | | | | | | | |
| 10/9/2020 / / | Kleitsch, Sharon Joy 1100 North Shore Dr NE #302 St Petersburg, FL 33701-1448 | I | | CH | | | \$25.00 |
| 2 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Karl Nurse

(2) I.D. Number 1015

(3) Cover Period 10/3/2020 through 10/9/2020

(4) Page 1 of 0

| (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 | | | | | |
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