	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Karl Nurse	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	176 21st Ave S.E	Submitted on:								
	Address (number and street)	8/4/2020 18:13:38 (eastern)								
	St. Petersburg, FL 33705									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:1015								
(4)	Check appropriate box(es):									
		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	Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)									
	(5) Report	Identifiers								
Cove	er Period: From 7 / 25 / 2020 To	7 / 31 / 2020 Report Type: P6								
ĭ o	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
(-)	осилизмено ино порег	Monetary								
Cast	n & Checks \$, , 770 . 00	Expenditures \$, , 31 . 70								
Loar	ns \$,,,000	Transfers to								
		Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , <u>770</u> . <u>00</u>									
		Total Monetary \$, , <u>31</u> . <u>70</u>								
In-Ki	and \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions								
		\$, , <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>49</u> , <u>345</u> . <u>00</u>	\$, <u>31</u> , <u>196</u> . <u>98</u>								
	(11) Cert It is a first degree misdemeanor for any pers	ification								
1		, , ,								
1 0	certify that I have examined this report and it is true, corr	eci, and complete:								
_(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		X								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Karl N	urse				(2) I.D. Number			
	7,	/25/20	20		7/31/	2020				
(3) Cover Peri	od	1	1	throuah	1	1	(4) Page	1	of $\frac{1}{}$	

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/25/2020	Avery, John 6407 Sandpiper Way South St Petersburg, FL 33707	I		СН			\$20.(
7/29/2020	Armstrong, Ed 1614 Santa Barbara Dr Dunedin, Fl 34698	I	attorney	СН			\$500.(
7/29/2020	Diamond, Sandra 1325 Snell Isle Blvd NE St. Petersburg, FL 33704	I	attorney	СН			\$250.0
1 1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _K	Karl Nurse								 (2) I.D. Number			1015		
		7/25	/20	20			7/3	31/20	20					
(3) Cover Po	eriod	1		1	thr	ouah		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
7/25/2020	Anedot, 1920 McKinney Ave 7th Floor Dallas, TX 75201	credit card fee	МО		\$1.10
7/29/2020	Anedot, 1920 McKinney Ave 7th Floor Dallas, TX 75201	credit card fee	МО		\$20.30
7/30/2020	Anedot, 1920 McKinney Ave 7th Floor Dallas, TX 75201	credit card fee	МО		\$10.30
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DS-DE 14 (Rev					