

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
 [1242592]

Submitted on:
 1/31/2021 13:56:28 (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 / 30 / 2020 To 2 / 1 / 2021 Report Type: TRG

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 18 , 694 . 26

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 18 , 694 . 26

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 99 , 573 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 99 , 573 . 00

(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

10/30/2020 through 2/1/2021

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Karl Nurse

(2) I.D. Number 1015

(3) Cover Period 10/30/2020 through 2/1/2021

(4) Page 1 of 1

(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					
11/17/2020 //	Real Solutions, 535 Central Ave Suite 406 St Petersburg, FL 3370`	consulting, ads, mail	MO		\$17,563.00
1					
1/19/2021 //	St Pete Neighborhood Housing, 1600 MLK St s. St Petersburg, FL 33705	donation	MO		\$800.00
2					
11/17/2020 //	MityMo Creative, 2600 Dr MLK St. N Suite 302 St Petersburg, FL 33704	web help	MO		\$330.00
3					
1/29/2021 //	Nurse, Karl 176 21st Ave SE St Petersburg, FL 33705	petty cash reimbursement	MO		\$1.26
4					
//					
//					
//					
//					