

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Caprice Johnson Edmond  
 Name  
 (2) P.O. Box 35295  
 Address (number and street)  
St. Petersburg, FL 33705  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1242801]

Submitted on:  
 2/1/2021 14:56:36 (eastern)

Check here if address has changed (3) ID Number: 1016

(4) Check appropriate box(es):

Candidate Office Sought: School Board Member - District 7 - Single Member

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 9 / 12 / 2020 To 9 / 25 / 2020 Report Type: G3

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 \$        ,        , 32 . 48

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 32 . 48

**(8) Other Distributions**

\$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**

\$        , 76 , 070 . 20

**(10) TOTAL Monetary Expenditures To Date**

\$        , 61 , 648 . 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 Caprice Johnson Edmond (2) I.D. Number 1016

(3) Cover Period 9/12/2020 through 9/25/2020 (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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Caprice Johnson Edmond

(2) I.D. Number 1016

(3) Cover Period 9/12/2020 through 9/25/2020

(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					
9/16/2020 / /	OFFICE DEPOT, 1831 34th St N ST PETERSBURG, FL 33713	reversal of charge for services	MO	Add	\$-5.35
1					
9/16/2020 / /	SUNPASS, P.O. BOX 447 OCOEE, FL 34761	tolls	MO	Add	\$30.18
2					
9/21/2020 / /	SPECTRUM REACH, 1001 Morehead square dr CHARLOTTE, NC 28203	tv ads	MO	Add	\$7.65
3					
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