	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Caprice Johnson Edmond	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1243095]								
(2)	P.O. Box 35295	Submitted on:								
	Address (number and street)	2/1/2021 20:13:29 (eastern)								
	St. Petersburg, FL 33705  City, State, Zip Code	<del></del>								
	Check here if address has changed	(3) ID Number: 1016								
(4)	_	(b) 15 Number.								
(+)	Check appropriate box(es):  Candidate Office Sought: School Board Member - District 7 - Single Member  Political Committee (PC)  Electioneering Communications Org. (ECO)  Party Executive Committee (PTY)  Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if PC or ECO has disbanded  Check here if PTY has disbanded  Check here if no other IE or EC reports will be filed									
	(5) Report	Identifiers								
Cove	er Period: From 10 / 17 / 2020 To	10 / 29 / 2020 Report Type: <u>G7</u>								
□ 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , , 00	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , , 00	Total Monetary \$ , , 3 . 70								
In-Ki	and \$,,,000									
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$,									
(T	(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    Deputy Treasurer or electioneering comm.)  (Type name)  Candidate    Chairperson (only for PC and PTY)									
	gnature	X Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	price Johns	son Ed	mond		(2)	1016			
	10/17/20	20		10/29	/2020				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	L

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/20/2020	BEST, HEATHER 6455 Joe Cotton Trail Tallahassee, FL 32309	Ī	·	СН		Add	\$25.
10/20/2020	COFFEY, JEANNE 2920 6th Avenue North ST PETERSBURG, FL 33713	I		СН		bbA	\$25.
10/20/2020 / /	BLAIR, Jonathan 5400 7th Ave n St. Petersburg, fl 33710	I		СН		Add	\$20.
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Caprice	Johns	on Edi	mond			 (2) I.D. Nun	nber	1	.016	20
	1	0/17/2	2020		10/29/	2020					
(3) Cover Pe	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
10/29/2020	ANEDOT, 1340 POYDRAS STREET SUITE 170 NEW ORLEANS, LA 70112	fees	МО	Add	\$3.70
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