

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Trevor L. Mallory

Name

(2) 4501 6th St. S

Address (number and street)

St. Petersburg, FL 33705

City, State, Zip Code

Check here if address has changed

(3) ID Number: 1032

(4) Check appropriate box(es):

Candidate Office Sought: Property Appraiser

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

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ONLINE SUBMISSION
[1243066]

Submitted on:
2/1/2021 18:49:11 (eastern)

(5) Report Identifiers

Cover Period: From 8 / 29 / 2020 To 9 / 11 / 2020 Report Type: G2

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 \$, , 3 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 3 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 27 , 390 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 31 , 207 . 27

(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 Trevor L. Mallory (2) I.D. Number 1032

8/29/2020 through 9/11/2020

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Trevor L. Mallory

(2) I.D. Number 1032

(3) Cover Period 8/29/2020 through 9/11/2020

(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					
9/1/2020 //	Credit Union, Achieva PO Box 1500 Dunedin, FL 34697	paper statement	MO	Add	\$3.00
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