	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Charlie Justice	OFFICE USE ONLY
	Name	ONLINE SUBMISSION [1215487]
(2)	P.O. Box 40234	Submitted on:
	Address (number and street) St. Petersburg, FL 33743	7/7/2020 14:49:24 (eastern)
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number: 977
(4)	Check appropriate box(es):	
	Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	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 6 / 13 / 2020 To	6 / 26 / 2020 Report Type: P2
□ 0	riginal 🖺 Amendment 🗌 Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Casl	n & Checks \$, ,500. 00	Monetary
Loar		Transfers to Office Account \$, , , 0 . 00
Tota	I Monetary \$, ,500. 00	
In-Ki	ind \$,,000	Total Monetary \$, , 0 . 00
		(8) Other Distributions \$, , 000_
(9)	TOTAL Monetary Contributions To Date \$,33 , _80500	(10) TOTAL Monetary Expenditures To Date \$, 8 , _84481
(T	It is a first degree misdemeanor for any person certify that I have examined this report and it is true, corresponding to the property of the property of the person of th	tification con to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)
	gnature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) NameCha	rlie Just	ice				2) I.D. Number		977		
	6/13/20	20		6/26/	2020					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Туре		Contribution Type	In-kind Description	Amendment	Amount
6/26/2020	The Southern Group of Florida, Pol Committee PO BOX 10570 Tallahassee, FL 32302	C	political committee	СН		Delete	\$1,000.0
6/26/2020	The Southern Group of Florida, Pol Committee PO BOX 10570 Tallahassee, FL 32302	C	political committee	СН		Add	\$500.0
1 1							
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J I							
1 1							

) Name <u>Charlie</u>			2) I.D. Number	-	
) Cover Period _	//through		4) Page <u>1</u>	of	0
_(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	Amoun
//					
21 (±					

DS-DE 14 (Rev. 11/13)