	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Maria L. Scruggs	OFFICE USE ONLY				
	Name	ONLINE SUBMISSION				
(2)	980 Melrose Ave. S.	Submitted on:				
	Address (number and street)	10/30/2020 15:59:02 (eastern)				
	St. Petersburg, FL 33705					
	City, State, Zip Code					
	Check here if address has changed	(3) ID Number: 988				
(4)	Check appropriate box(es):					
	 ☐ Candidate Office Sought: Board of County Commissioners - Dist. 7 - Single M ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ 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				
Cov	er Period: From 5 / 1 / 2020 To	5 / 31 / 2020 Report Type: M5				
		ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Casl	n & Checks \$, , <u>100</u> . <u>00</u>	Monetary				
Loar		Transfers to Office Account \$, , , 0 . 00				
Tota	I Monetary \$, , <u>100</u> . <u>00</u>					
In-Ki	ind \$,,, <u>0</u> .00	Total Monetary \$, , 0 . 00				
		(8) Other Distributions \$, , <u>0</u> 00_				
(9)	(9) TOTAL Monetary Contributions To Date \$					
(T		tification con to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)				
x x						
Si	gnature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Maria L. Scruggs			(2) I.D. Number		
	5/1/2020 iod///		5/31/2020	(4) Pag	ge <u>1</u>	of _1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributo	XXXX SOCIAL SOCI	(10) In-kind Description	(11)	(12) Amount
5/20/2020	Kirnes, Andre 1302-Darley Ct. Bel Aire, Md 21015	I Sood,	CH	Besamption	Add	\$50.0
5/20/2020	Rowe, James 2801-7th St. South St Petersburg, FL 33705	I	СН		Add	\$50.0
1 1						
f f						
J I						
I I						
l l						
J J						

	CAMPAIGN TREASURER'S REPORT - HEMI. Maria L. Scruggs			(2) I.D. Number		988	
(3) Cover Period	5/1/2020 ///	5/31 _through/	/2020	(4) Page1	of	0	
(5) Date	(7) Full Na	me	(8) Purpose	(9)	(10)	(11)	

(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	Amount
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