CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Carol J. Cook	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	1444 S. Belcher Rd.; Suite 112	Submitted on:								
	Address (number and street)	9/3/2020 17:37:48 (eastern)								
	Clearwater, FL 33764									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:999								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: School Board Member - District 5 - Single Member</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>									
	(5) Report	Identifiers								
Cov	er Period: From 3 / 1 / 2020 To	3 / 31 / 2020 Report Type: M3								
	riginal Amendment Spo	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , ,000	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , , 000	Total Monetary \$ , , ,3 . 15								
In-Ki	ind \$,,,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  Treasurer Deputy Treasurer or electioneering comm.)  (Type name)  Candidate Chairperson (only for PC and PTY)									
<u>X</u>		X								
Si	gnature	Signature								

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

(1) Name	Carol J. Cook				2) I.D. Numbe	e <b>r</b> g	199
	3/1/2020		3	/31/2020			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e	of 0
		T					
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	ر ا	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	ACT COLOR DE LA CO	Туре	Description	Amendment	Amount
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name Caro	1 J. C	ook					 (2) I.D. Nur	nber	9	999	
	3/1/	202	20		3/31/	2020	***				
(3) Cover Period	1		1	through	1	1	(4) Page	1	of	1	

(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
3/16/2020	Bubbles Wrap & Send, 1441 S. Belcher Rd Clearwater, FL 33764	mailbox rental	МО	Add	\$-48.15
1					
3/16/2020	Bubbles Wrap & Send, 1441 S. Belcher Rd Clearwater, FL 33764	mailbox rental	MO	Add	\$45.00
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