

## CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) Northeast Polk PAC

Name

(2) P.O. Box 3233

Address (number and street)

Haines City, FL 33845

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 200

(4) Check appropriate box(es):

☐ Candidate Office Sought: \_\_\_\_\_

☒ 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

Cover Period: From 1 / 1 / 2021 To 1 / 31 / 2021 Report Type: M1

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$        , 2 , 200 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        , 2 , 200 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 39 . 48

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 39 . 48

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 2 , 200 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 39 . 48

### (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 Northeast Polk PAC (2) I.D. Number 200  
 1/1/2021 through 1/31/2021  
 (3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page 1 of 1

| (5)<br>Date      | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |                    | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|------------------|--|---------------------------------------|--------------------|-----------------------------|--------------------------------|-------------------|----------------|
| 1/7/2021<br>/ /  | Walker, Robert<br>2350 Bradburry Road<br>Haines City, FL 3844                                  | I                                     | insurance<br>agent | CH                          |                                |                   | \$1,000.00     |
| 1                |  |                                       |                    |                             |                                |                   |                |
| 1/21/2021<br>/ / | Long, Chris<br>488 Talamone Dr<br>Winter Haven, FL 33884                                       | I                                     |                    | CH                          |                                |                   | \$700.00       |
| 2                |  |                                       |                    |                             |                                |                   |                |
| 1/21/2021<br>/ / | Lee, Earle E<br>41 N 20th St 17<br>Haines City , FL 33844                                      | I                                     |                    | CH                          |                                |                   | \$500.00       |
| 3                |  |                                       |                    |                             |                                |                   |                |
| / /              |  |                                       |                    |                             |                                |                   |                |
|                  |  |                                       |                    |                             |                                |                   |                |
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|                  |  |                                       |                    |                             |                                |                   |                |

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Northeast Polk PAC

(2) I.D. Number 200

(3) Cover Period 1/1/2021 through 1/31/2021

(4) Page 1 of 1

| (5)<br>Date      | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|------------------|--|--|----------------------------|-------------------|----------------|
| 1/20/2021<br>/ / | harland Clarke/chk order<br>,<br>36099 hwy 27<br>Haines City, fl 33844                         | deposit slips  | MO                         |                   | \$14.96        |
| 1                |  |  |                            |                   |                |
| 1/20/2021<br>/ / | harland Clarke/chk order,<br>36099 highway 27<br>Haines City, fl 33844                         | check book   | MO                         |                   | \$24.52        |
| 2                |  |  |                            |                   |                |
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