	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Marcus Wright Jr	OFFICE USE ONLY								
` '	Name									
(2)	PO Box 4472									
	Address (number and street)									
	Haines City, FL 33845									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:261								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: School Board District 2</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 7 / 1 / 2023 To	9 / 30 / 2023 Report Type: M7								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ ,1 , <u>261</u> . <u>21</u>	Monetary								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00								
Tota	I Monetary \$ ,1 , <u>261</u> . <u>21</u>	Total Monetary \$ , , 59 . 86								
In-Ki	nd \$,, <u>0</u> .00	,,								
		(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>1</u> , <u>321</u> . <u>21</u>	\$ , , <u>59</u> . <u>86</u>								
_(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)  (Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		_X								
Si	gnature	Signature								

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

(1) Name	Marcus Wright	Jr			(2	?) I.D. Number		261	
	7/1/2023			9/30/	2023				
(3) Cover Perio	od /	1	through	1	1	(4) Page	1	of	1

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		Contribution Type	In-kind Description	Amendment	Amount
7/28/2023	Dodge, Wendy 3475 Summerwood Way Lakeland, FL 33812	I	consultant	: CH			\$104.4
7/29/2023	Cochran, Steven 422 South Riverhills Dr. Tampa, Fl 33617	I	administra tor	CH			\$104.4
7/29/2023	Hathcock, Kristen ***Protected Voter***	I	realtor	СН			\$1,000.0
7/29/2023	Pugh, Doretha PO BOX 1936 Haines City, FL 33845	I	teacher	СН			\$52.
I I							
I 1							
1 1							
J I							

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

(1) Name Marcu	s Wrigh	t Jr				(2	) I.D. Nur	nber	2	261	300
	7/1/20	23		9/30/20	023		•				
(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
7/30/2023	Donor Box, 1520 Belle View Blvd #4106 Alexandria, VA 22307	processing fee	МО		\$59.86
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