	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Sandra Gilyard	OFFICE USE ONLY					
` '	Name	ONLINE SUBMISSION					
(2)	PO Box 465	Submitted on:					
	Address (number and street)	8/10/2019 10:54:33 (eastern)					
	San Mateo, FL 32187						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 335					
(4)							
	☐ Candidate Office Sought: School Board	Dist 3					
	Political Committee (PC)	Check have if DO as EOO have dishearded					
	☐ 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					
	individual making electioneering communications)						
	(5) Report	Identifiers					
Cove	er Period: From 7 / 1 / 2019 To	7 / 31 / 2019 Report Type: M7					
X O		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
(0)	Contributions This Report						
Cack	n & Checks \$, , 0 . 00	Monetary Expenditures \$, _ , _ 0 . 00					
Odsi	T & OTICORS	,,, <u></u>					
Loar	ns \$, , 0.00	Transfers to					
		Office Account \$, , 0 . 00					
Tota	I Monetary \$,,0 . 00						
		Total Monetary \$, , 0 . 00					
In-Ki	ind \$,, <u>10</u> .00						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$,, 0.00	\$,,0 00_					
	(11) Cert It is a first degree misdemeanor for any pers						
1							
10	certify that I have examined this report and it is true, corr	ect, and complete:					
_(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		×					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sandra Gilyard	.eg	(2) I.D. Number				
	7/1/2019		7	/31/2019		. 1	1
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Page	e <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/30/2019 / /	Gilyard, Sandra C 111 Live Oak Street San Mateo, FL 32187	S		IK	fee for verificati on of candidate' s petetion		\$10.0
1 1							
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I I							
J J							
J I							
1 1							
1 1							
DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	S AND CODE VAL	UES	

CAMPAIGN TREASURER'S REPORT – ITEM (1) Name Sandra Gilyard					(2) I.D. Number				
3) Cover Period _	7/1/2019	7/3 through	31/2019 _//	(4) Page	<u> </u>	of	0		
(5) Date (6) Sequence Number	(7) Full Nar (Last, Suffix, Fir Street Addr City, State, Z	st, Middle) ess &	(8) Purpose (add office soug contribution to candidate)	nt if a Expe	9) nditure ype	(10)	(11)		
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