CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Sandra Gilyard	OFFICE USE ONLY					
•	Name	ONLINE SUBMISSION [1191917]					
(2)	PO Box 465	Submitted on:					
	Address (number and street)	9/10/2019 09:30:57 (eastern)					
	San Mateo, FL 32187  City, State, Zip Code						
		(2) ID Mirraham 225					
/ A\	Check here if address has changed	(3) ID Number:335					
(4)	Check appropriate box(es):						
		Dist 3					
	☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded					
	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					
Cove	er Period: From $8 / 1 / 2019$ To	8 / 31 / 2019 Report Type: M8					
X O	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	h & Checks \$ , , 0 . <u>00</u>	Expenditures \$ , , 0 . 00					
Loor	ns \$ , , 0.00	Transfers to					
Loar	is , , , , , , , , , , , , , , , , , , ,	Office Account \$ , , 0 . 00					
Tota	I Monetary \$ , , 0 . 00	, , , , ,					
		Total Monetary \$ , , 0 . 00					
In-Ki	ind \$,,7 . 90						
		(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) 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:							
Certify that thrave examined this report and it is true, correct, and complete.							
	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
v		V					
Sic	gnature	X Signature					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) NameSandra_Gilyard			(2) I.D. Number					
	8/1/2019			/31/2019		1	1	
(3) Cover Perio	od/////	thro	ugh	11_	(4) Page	<u> </u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &		ntributor	Contribution	In-kind	Amendment	8	
Number	City, State, Zip Code Gilyard, Sandra C		Occupation retired	Type IK	Description fee for	Amendment	Amount \$7.9	
8/24/2019	111 Live Oak Street San Mateo, FL 32187		rectred		verificati on of candidate'		, , , , , , , , , , , , , , , , , , ,	
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Sa.	CAMPAIGN TREASURER ndra Gilyard	ZED EXPENDITU (2) I.D. Number	<b>RES</b> 335		
(3) Cover Peri	iod/through	8/31/2019 /	(4) Page1	of	0
(5) Date	(7) Full Name	(8) Purpose	(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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