CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Rick Surrency	OFFICE USE ONLY						
Name (2) 6003 E. 4th Manor	ONLINE SUBMISSION [1297234]						
(2) 6003 E. 4th Manor Address (number and street)	Submitted on:						
Palatka, FL 32177	6/9/2023 15:15:54 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 418						
(4) Check appropriate box(es):							
Candidate Office Sought: District Supe	erintendent of Schools						
 Political Committee (PC) 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	Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From <u>5</u> / <u>1</u> / <u>2023</u> To	5/ 31/ 2023 Report Type:M5						
🖾 Original 🛛 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 00	Expenditures \$,, 2 . 00						
Loans \$,,0.00	Transfers to						
	Office Account \$,,,0.00						
Total Monetary \$,, 0.00							
	Total Monetary \$						
In-Kind \$,, 00							
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>20</u> . <u>00</u>	\$,,,						
(11) 00	tification						
(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, cor	rect, and complete:						
(Type name)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
X	<u>x</u>						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Rick Surrency</u> (2) I.D. Number					r 4	418		
	5/1/2023			/31/2023				
(3) Cover Perio	od / /	thro	ough	I I	(4) Pag	e <u> </u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1								
1 1								
/ /								
1 1								
1 1								
1 1								
1 1	-							
/ /								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Rick) EXPENDIT 2) I.D. Number				
(3) Cover Period	5/1/2023 I/through_	5/31/2023 /(4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
	South State , P O Box 9602 Winter Haven, FL 33883	paper statement fee for campaign account	МО		\$2.00
_/ /					
_/ /					
_/ /					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES