

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Anthony E. Coleman, SR
 Name
 (2) PROTECTED
 Address (number and street)

 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1196060]
 Submitted on:
 12/10/2019 01:49:53 (eastern)

Check here if address has changed (3) ID Number: 1022

(4) Check appropriate box(es):
 Candidate Office Sought: School Board - Dist 2
 Political Committee (PC) Check here if PC or ECO has disbanded
 Electioneering Communications Org. (ECO) Check here if PTY has disbanded
 Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed
 Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 11 / 1 / 2019 To 11 / 30 / 2019 Report Type: M11
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 250 . 00
 Loans \$ _____ , _____ , 0 . 00
 Total Monetary \$ _____ , _____ , 250 . 00
 In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 10 . 00
 Transfers to Office Account \$ _____ , _____ , 0 . 00
 Total Monetary \$ _____ , _____ , 10 . 00

(8) Other Distributions
 \$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 350 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 50 . 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:

(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 Anthony E. Coleman, SR (2) I.D. Number 1022

11/1/2019 through 11/30/2019

(3) Cover Period ___ / ___ / ___ through ___ / ___ / ___ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11/21/2019 / /	Harriss, William B ***Protected Voter***	I	retired	CH			\$250.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Anthony E. Coleman, SR

(2) I.D. Number 1022

(3) Cover Period 11/1/2019 through 11/30/2019

(4) Page 1 of 1

(5) Date	(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
(6) Sequence Number					
11/29/2019 / /	Capital City Bank, PO Box 900 Tallahassee, FL 32302	service charge for november	MO		\$10.00
1					
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