| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| (1) | Catherine Brandhorst | OFFICE USE ONLY | | | | | | | |
| ` ' | Name | ONLINE SUBMISSION | | | | | | | |
| (2) | 220 Whispering Woods Ln. | Submitted on: | | | | | | | |
| | Address (number and street) | 8/14/2020 14:51:00 (eastern) | | | | | | | |
| | St. Augustine, FL 32084 | | | | | | | | |
| | City, State, Zip Code | | | | | | | | |
| | Check here if address has changed | (3) ID Number:1110 | | | | | | | |
| (4) | Check appropriate box(es): | | | | | | | | |
| | ☐ Candidate Office Sought: Anastasia Mos | q Control Dist Seat 1 | | | | | | | |
| | ☐ 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 | | | | | | | |
| Cove | er Period: From 8 / 1 / 2020 To | 8 / 13 / 2020 Report Type: P7 | | | | | | | |
| □ 0 | riginal Amendment Spe | ecial Election Report | | | | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | | | | |
| (0) | Contributions This Report | Monetary | | | | | | | |
| Cash | n & Checks \$, , -750. 00 | Expenditures \$, , 0 . 00 | | | | | | | |
| | | | | | | | | | |
| Loar | ns \$, <u>750</u> . <u>00</u> | Transfers to | | | | | | | |
| | (| Office Account \$, , 0 . 00 | | | | | | | |
| Tota | I Monetary \$, ,000 | Total Manadama (A) | | | | | | | |
| | • | Total Monetary \$, , 0 . 00 | | | | | | | |
| In-Ki | ind \$,,,000 | | | | | | | | |
| | | (8) Other Distributions | | | | | | | |
| | | \$, , <u>0</u> . <u>00</u> | | | | | | | |
| (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | | | | |
| | \$, <u>1</u> , <u>060</u> . <u>00</u> | \$, , <u>0</u> . <u>00</u> | | | | | | | |
| | | | | | | | | | |
| | (11) Cert It is a first degree misdemeanor for any pers | tification on to falsify a public record (ss. 839.13. F.S.) | | | | | | | |
| l o | | | | | | | | | |
| I certify that I have 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) | | | | | | | |
| Х | | × | | | | | | | |
| | gnature | Signature | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | Catherine Brandhorst | | | | (2) I.D. Number | | | | | |
|-----------------|----------------------|----|---------|-------|-----------------|----------|---|----|---|--|
| | 8/1/20 | 20 | | 8/13/ | 2020 | | | | | |
| (3) Cover Perio | d / | 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 | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 8/3/2020 / | Brandhorst, William Ripley 290 Whispering Woods Lane Apt 4 St. Augustine, FL 32084 | n Î | business manager | CA | | Delete | \$250.0 |
| 8/3/2020 | Brandhorst, William Ripley 290 Whispering Woods Lane Apt 4 St. Augustine, FL 32084 | n I | business manager | СН | | Add | \$250.0 |
| 8/3/2020 | Brandhorst, Catherine Elizabeth 220 Whispering Woods Lane Apt 12 St. Augustine, FL 32084 | P 1 | retired | CA | | Delete | \$750.0 |
| 8/3/2020 / / | Brandhorst, Catherine Elizabeth 220 Whispering Woods Lane Apt 12 St. Augustine, FL 32084 | S | retired | LO | | Add | \$750.0 |
| j j | | | | | | | |
| J I | | | | | | | |
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| CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Catherine Brandhorst (2) I.D. Number 1110 | | | | | | | | |
|---|--|--|----------------------------|------|----------------|--|--|--|
| | 8/1/2020 /through_ | 8/13/2020 | (4) Page1 | | 0 | | | |
| (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) | (11) Amount | | | |
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