

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michelle M. Cash-Chapman  
 Name  
 (2) 3930 Barbara Terr  
 Address (number and street)  
St Augustine, FL 32086  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1287409]  
 Submitted on:  
 11/7/2022 21:25:17 (eastern)

Check here if address has changed (3) ID Number: 1210

(4) Check appropriate box(es):  
 Candidate Office Sought: Airport Authority Group 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 individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 10 / 8 / 2022 To 10 / 21 / 2022 Report Type: G5  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

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

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 0 . 02  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 0 . 02

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 3 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 1 , 651 . 13

### (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 Michelle M. Cash-Chapman (2) I.D. Number 1210

10/8/2022 through 10/21/2022

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(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
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Michelle M. Cash-Chapman

(2) I.D. Number 1210

(3) Cover Period 10/8/2022 through 10/21/2022

(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					
10/17/2022 //	Cash- Chapman, Michelle 3930 Barbara Terr St. Augustine, FL 32086	reimbursement for printed materials	MO	Delete	\$1,359.45
1					
10/17/2022 //	Cash- Chapman, Michelle 3930 Barbara Terr St. Augustine, FL 32086	reimbursement for printed materials	MO	Add	\$1,359.47
2					
//					
//					
//					
//					
//					
//					
//					

