CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	CHARLES KASNER	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION [1202054]						
(2)	942 FIGWOOD LOOP; VILLAGE OF DUNEDIN	Submitted on:						
	Address (number and street)	3/10/2020 16:52:37 (eastern)						
	THE VILLAGES, FL 32163							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
	Candidate Office Sought: County Commis	sioner, Dist. 5						
	Political Committee (PC)	☐ Check here if PC or ECO has disbanded						
	☐ Electioneering Communications Org. (ECO) ☐ 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	dentifiers						
Cove	er Period: From $1 / 1 / 2020$ To							
		ecial Election Report						
		<u> </u>						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	n & Checks \$, , ,000	Monetary						
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
	···· • • • • • • • • • • • • • • • • •	Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , , 000	Total Monetary \$. 17.00						
	¢ 0.00	Total Monetary \$, , _17 . 00						
In-Ki	and \$,,,000							
		(8) Other Distributions						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,, <u>100</u> 00	\$, , <u>68</u> . <u>00</u>						
		tification on to falsify a public record (ss. 839.13, F.S.)						
1								
I certify that I have examined this report and it is true, correct, and complete:								
_(T	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	CHARLES KASNER				2) I.D. Numbe	er2	91
	1/1/2020			/31/2020		1	0
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	e <u> </u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	CHARLES	KASNE	lR.	A STATE OF THE STA		100 906 110	 (2) I.D. Nun	nber	2	291	
	1	/1/20	20		1/31/20	020	•- •	-			
(3) Cover Po	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(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
1/2/2020	Bank of America, 2565 Burnsed Blvd The Villages, FL 32163	monthly account fee	MO	Add	\$17.00
1	The VIIIages, FL 32103				
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DS-DE 14 (Rev.	44/42 \)		