

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christopher Hileman

Name

(2) PROTECTED ADDRESS

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: 351

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1256637]

Submitted on:  
3/8/2022 16:20:18 (eastern)

(4) Check appropriate box(es):

Candidate Office Sought: School Board Member, Dist. 5

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 10 / 1 / 2021 To 10 / 31 / 2021 Report Type: M10

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 \$        ,        , 3 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 3 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 800 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 15 . 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 Christopher Hileman (2) I.D. Number 351

10/1/2021 through 10/31/2021

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

(1) Name Christopher Hileman

(2) I.D. Number 351

(3) Cover Period 10/1/2021 through 10/31/2021

(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					
10/1/2021 / /	Truist, Sun Trust 107 Bushnell Plaza Bushnell, FL 33513	paper bank statement fee	MO	Add	\$3.00
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