

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
[1256636]

Submitted on:
3/8/2022 16:18:32 (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 9 / 1 / 2021 To 9 / 30 / 2021 Report Type: M9

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

\$, , 12 . 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

(3) Cover Period 9/1/2021 through 9/30/2021 (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 9/1/2021 through 9/30/2021

(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					
9/1/2021 / /	Truist, Sun Trust 107 Bushnell Plaza Bushnell, FL 33513	paper bank statement fee	MO	Add	\$3.00
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