| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | |
|---|---|---|--|--|--|--|--|
| (1) | Sally Moss | OFFICE USE ONLY | | | | | |
| | Name | ONLINE SUBMISSION | | | | | |
| (2) | 1005 Quary Pl | Submitted on: | | | | | |
| | Address (number and street) | 11/5/2021 14:19:52 (eastern) | | | | | |
| | The Villages, FL 32162 City, State, Zip Code | | | | | | |
| | Check here if address has changed | (3) ID Number: 355 | | | | | |
| (4) | Check appropriate box(es): | (5) | | | | | |
| (~) | ☐ Crieck appropriate box(es). ☐ Candidate Office Sought: School Board I | Member, Dist. 1 | | | | | |
| | Political Committee (PC) | | | | | | |
| | | ☐ Check here if PC or ECO has disbanded | | | | | |
| | ☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [| ☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed | | | | | |
| | individual making electioneering communications) | | | | | | |
| | (E) Parad | 11 | | | | | |
| 0 21/ | | : Identifiers | | | | | |
| | rer Period: From 10 / 1 / 2021 To | | | | | | |
| X O | Original Amendment Spe | ecial Election Report | | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | | |
| | | Monetary | | | | | |
| Casl | h & Checks \$, , <u>100</u> . <u>00</u> | Expenditures \$, , 0 . 00 | | | | | |
| Loar | ns \$,,,000 | Transfers to | | | | | |
| Loar | ıs | Office Account \$, , 0 . 00 | | | | | |
| Tota | al Monetary \$, , 100 . 00 | ,,, | | | | | |
| | | Total Monetary \$, , 0 . 00 | | | | | |
| In-Ki | ind \$, , 0.00 | | | | | | |
| | | (8) Other Distributions | | | | | |
| | 1 | \$,,,000 | | | | | |
| (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | | |
| (3) | \$,,, | \$, , 0.00 | | | | | |
| | ,,, | ,,, | | | | | |
| | (11) Cert | | | | | | |
| 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: | | | | | | | |
| (T | ype name) | (Type name) | | | | | |
| | Individual (only for IE Treasurer Deputy Treasurer electioneering comm.) | ☐ Candidate ☐ Chairperson (only for PC and PTY) | | | | | |
| Х | , | X | | | | | |
| | ignature | Signature | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | | | | (2) I.D. Number ₃₅₅ | | | | | |
|---------------------------|--|------|--------------------------|--------------------------------|------------------------|-----------|---------|--|--|
| 10/1/2021 | | | 10/31/2021 | | | | | | |
| (3) Cover Perio | od / / | thro | ough | 11_ | (4) Pag | je | of | | |
| (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 | | |
| 10/6/2021 | Moss, Sally 1005 Quary Place The Villages, FL 32162 | S | | СН | | | \$100.0 | | |
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| Name Sally | 10/1/2021 10 | 0/31/2021 | 2) I.D. Number | 3 | |
|------------------------------|--|--|----------------------------|------|------|
| Cover Period _ | /through | | 4) Page <u>1</u> | of | 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) |
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| OS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES | | | | | | | |