	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Sally Moss	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	1005 Quary Pl	Submitted on:						
	Address (number and street)	6/1/2022 09:51:15 (eastern)						
	The Villages, FL 32162							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:355						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: School Board I	Member, Dist. 1						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
		☐ 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								
<u>∖</u> ∪	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	h & Checks \$,1 , 485 . 00	Expenditures \$, , 0 . 00						
•	• 0 00							
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$						
Tato	Il Monetary \$, 1 , 485 . 00	Office Account \$, , , 0 . 00						
lota	Il Monetary \$,1 , <u>485</u> . <u>00</u>	Total Monetary \$. 0 . 00						
V- IZ:		Total Monetary \$, , , 0 . 00						
In-Ki	ind \$,,,000	(C) Other Distributions						
		(8) Other Distributions \$, , 0.00						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, , <u>0</u> . <u>00</u>						
	(11) Cert It is a first degree misdemeanor for any perso							
Los	-							
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		X						
Si	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sally Moss			(2) I.D. Numbe	er <u> </u>	355
	5/1/2022			/31/2022			
(3) Cover Peri	od / /	thro	ough	<i>l l</i>	(4) Pag	je	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	5.000	ontributor	Contribution	In-kind	Amendment	Amount
Number	City, State, Zip Code Moss, Sally		Occupation school	Type CH	Description	Amendment	Amount \$1,485.0
5/31/2022	1005 , Sally 1005 Quary Place The Villages, FL 32162		board member	Cn			\$1,405.0
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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 Sally	Moss					 (2) I.D. Nun	nber	3	355	200
(3) Cover Period _	5/1/20	22 /	through_	5/31/20)22 /_	 (4) Page	1	of	0	

(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
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