CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Sally Moss	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1005 Quary Pl	Submitted on:							
	Address (number and street)	7/25/2022 22:19:40 (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	Member, Dist. 1							
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded							
	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	t Identifiers							
Cove	er Period: From 6 / 18 / 2022 To	7 / 1 / 2022 Report Type: P2							
o [	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
` ,		Monetary							
Cash	n & Checks \$ , , -600. 00	Expenditures \$ , , 0.00							
Loar	s \$, <u>600</u> . <u>00</u>	Transfers to							
		Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , 0 . 00								
		Total Monetary \$ , , 0 . 00							
In-Ki	nd \$,,,000								
		(8) Other Distributions							
		\$,,000							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>3</u> , <u>435</u> . <u>00</u>	\$, <u>2</u> , <u>480</u> . <u>97</u>							
(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:									
- 33. a.y and third oxidining and report and it is true, correct, and complete.									
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number						
			7/1/2022						
			ough	<i>I I</i>	(4) Pag	ge <u>1</u>	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution	In-kind Description	Amendment	Amount		
6/29/2022	Moss, Sally 1005 Quary Place The Villages, FL 32162	S	candidate	Type CA	Description	Delete	\$600.0		
6/29/2022	Moss, Sally 1005 Quary Place The Villages, FL 32162	S	candidate	LO		Add	\$600.0		
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1 1	-								
j j									
J I									
1 1									
1 1									

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

(1) Name Sally	Moss					 (2) I.D. Nun	nber		355	20
	6/18/2	2022		7/1/202	22		-			
(3) Cover Period	1	1	through	ľ	1	(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
11					
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11					
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