CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Sally Moss	OFFICE USE ONLY				
, ,	Name	ONLINE SUBMISSION				
(2)	1005 Quary Pl	Submitted on:				
	Address (number and street)	7/20/2022 12:47:54 (eastern)				
	The Villages, FL 32162  City, State, Zip Code	<u> </u>				
	_	(2) ID Nivesham				
<i>(</i>	Check here if address has changed	(3) ID Number:355				
(4)	Check appropriate box(es):	Manufacture Prints 1				
	<ul><li>☐ Candidate Office Sought: School Board</li><li>☐ Political Committee (PC)</li></ul>	Member, Dist. 1				
	☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded				
	Party Executive Committee (PTY)	Check here if PTY has disbanded				
	Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed				
	(5) Repor	t Identifiers				
Cove	er Period: From 7 / 2 / 2022 To	7 / <u>15</u> / <u>2022</u> Report Type: <u>P3</u>				
0 🗌	riginal 🖾 Amendment 🔲 Sp	pecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Cash	n & Checks \$ , , 0 . <u>00</u>	Monetary				
Loans \$		Transfers to Office Account \$ , , 0 . 00				
Tota	I Monetary \$ , , 0 . 00	Total Monetary \$ , , , 13				
In-Ki	nd \$ , , <u>00</u> . <u>00</u>					
		(8) Other Distributions				
		\$,, <u>0</u> . <u>00</u>				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$	\$, <u>2</u> , <u>030</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:						
	ype name) Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	(Type name)  ☐ Candidate ☐ Chairperson (only for PC and PTY)				
X		X				
	gnature	Signature				

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sally Moss				2) I.D. Numbe	r3	55
	7/2/2022		7	/15/2022			
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Page	a 1	of
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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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 Sa	lly Moss	,	(2) I.D. Number	355	-
	7/2/2022	7/15/2022	-		
(3) Cover Peri	iod / /	through / /	(4) Page 1	of 1	

(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
7/14/2022	Moss, Sally 1005 Quary Place The Villages, FL 32162	yard signs outer image, inc. bushnell, fl 33513	RM	Delete	\$274.13
7/14/2022	Moss, Sally 1005 Quary Place The Villages, FL 32162	yard signs outer image, inc. bushnell, fl 33513	RM	Add	\$0.00
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DS-DE 14 (Rev.					