

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ronnie Richardson  
 Name

(2) 8717 208th Pl  
 Address (number and street)

OBrien, FL 32071  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1210982]

Submitted on:  
 6/16/2020 20:18:31 (eastern)

Check here if address has changed

(3) ID Number: 235

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner Dist. 5
- Political Committee (PC)
- 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) Report Identifiers

Cover Period: From 6 / 1 / 2020 To 6 / 12 / 2020 Report Type: P1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 200 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 200 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 47 . 10

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 47 . 10

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,      , 9 , 235 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 5 , 702 . 58

### (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 Ronnie Richardson (2) I.D. Number 235

(3) Cover Period 6/1/2020 through 6/12/2020 (4) Page 1 of 1

(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
6/4/2020 / /	Ledford, Rebecca I 435 Shorewood Cir Toccoa, GA 30577	I	nurse	CH			\$200.00
1							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ronnie Richardson

(2) I.D. Number 235

(3) Cover Period 6/1/2020 through 6/12/2020

(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					
6/4/2020 //	Supervisor of Elections Office, 220 Pine Ave., S.W. Live Oak, FL 32064	petitions and voter list	MO		\$17.10
1					
6/6/2020 //	Branford River Reunion, PO Box 24 Branford, FL 32008	booth	MO		\$30.00
2					
//					
//					
//					
//					
//					