

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Cassie L. Buckley  
 Name

(2) 319 Sunset Lane  
 Address (number and street)

Perry, FL 32348  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1165325]

Submitted on:  
 8/4/2018 12:43:58 (eastern)

Check here if address has changed

(3) ID Number: 163

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission - District 2
- 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 7 / 28 / 2018 To 8 / 3 / 2018 Report Type: P5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,   1   ,  500  .  00 

Loans \$        ,        ,   0   .  00 

Total Monetary \$        ,   1   ,  500  .  00 

In-Kind \$        ,        ,   0   .  00 

### (7) Expenditures This Report

Monetary Expenditures \$        ,        ,   0   .  00 

Transfers to Office Account \$        ,        ,   0   .  00 

Total Monetary \$        ,        ,   0   .  00 

### (8) Other Distributions

\$        ,        ,   0   .  00 

### (9) TOTAL Monetary Contributions To Date

\$        ,   1   ,  500  .  00 

### (10) TOTAL Monetary Expenditures To Date

\$        ,        ,   0   .  00 

### (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 EXPENDITURES

(1) Name Cassie L. Buckley

(2) I.D. Number 163

(3) Cover Period 7/28/2018 through 8/3/2018

(4) Page 1 of 0

(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					
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