CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Kellie Hendricks Connell	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	6425 SW CR 239	Submitted on:							
	Address (number and street) Lake Butler, FL 32054	8/15/2020 06:55:13 (eastern)							
	City, State, Zip Code	<del></del>							
	☐ Check here if address has changed	(3) ID Number: 103							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: Clerk of Court</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	Identifiers							
Cove	er Period: From 8 / 1 / 2020 To								
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$ ,1 , 150 . 00   Monetary   Expenditures \$ ,6 , 780 . 18									
Loar	<del></del>	Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , 1 , 1 , 00	Total Monetary \$ , 6 ,780 . 18							
In-Ki	and \$,,,	, <u>o</u> , <u>700</u> 1 <u>10</u>							
		(8) Other Distributions \$ , , 000_							
(9)	<b>TOTAL Monetary Contributions To Date</b> \$	(10) TOTAL Monetary Expenditures To Date \$ ,13 ,54515							
(T	(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								
<u>X</u>		X Signature							
Si	gnature	Signature							

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

(1) Name <u>Kel</u>	(2) I.D. Number								
	8/1/2020	)		8/13/	2020				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
8/10/2020 / /	Perry, Ethelia 3336 HOLLYCREST BLVD ORANGE PARK, FL 32065	Ĩ		CH			\$50.0
8/10/2020 / /	RONALD BOOK PA, 18851 NE 29TH AVENUE STE 10 AVENTURA, FL 33180	I 010	attorney	СН			\$1,000.0
8/10/2020	WALLER, JODY 6422 W HWY 98 #1203 PANAMA CITY BEACH, FL 32407	I,		СН			\$100.0
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1 1							
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J 1							
1 1							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _1	Kellie	Hendricks	s Connell		(2) I.D. Number		103	-
		8/1/2020		8/13/2020				
(3) Cover P	eriod	I = I	through	1 1	(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
8/7/2020	NHS BASEBALL, PO BOX 271 NEWBERRY, FL 32669	advertising	МО		\$75.00
8/7/2020	SAM'S CLUB, 4001 SW 30TH PLACE GAINESVILLE, FL 32608	promotion	МО		\$32.68
8/8/2020	SIMMER DOWN, 315 N LAKE AVENUE LAKE BUTLER, FL 32054	promotional meal	МО		\$802.50
8/12/2020	RELIANT FLORIDA, 50 N LAURA ST #2500 JACKSONVILLE, FL 32202	promotion & mailing	МО		\$5,870.00
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