

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Deborah Osborne

Name

(2) 335 SW 3rd St

Address (number and street)

Lake Butler, FL 32054

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 105

(4) Check appropriate box(es):

☒ Candidate Office Sought: Supervisor of Elections

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

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ONLINE SUBMISSION
[1213421]

Submitted on:

6/29/2020 09:39:09 (eastern)

(5) Report Identifiers

Cover Period: From 6 / 13 / 2020 To 6 / 26 / 2020 Report Type: P2

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 92 . 30

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 92 . 30

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 100 . 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 CONTRIBUTIONS

(1) Name Deborah Osborne **(2) I.D. Number** 105
(3) Cover Period 6/13/2020 through 6/26/2020 **(4) Page** 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Deborah Osborne (2) I.D. Number 105
 (3) Cover Period 6/13/2020 through 6/26/2020 (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
6/26/2020 //	Osborne, Deborah K 335 SW 3rd St Lake Butler, FL 32054	to repay self and close account	MO		\$92.30
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