

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nora H. Hall  
 Name

(2) Protected Address  
 Address (number and street)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1232494]

Submitted on:  
 9/28/2020 17:07:19 (eastern)

Check here if address has changed (3) ID Number: 605

(4) Check appropriate box(es):

Candidate Office Sought: County Judge, Group 6

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 11 / 1 / 2019 To 11 / 30 / 2019 Report Type: M11

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 \$ \_\_\_\_\_ , \_\_\_\_\_ , 10 . 30

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 10 . 30

**(8) Other Distributions**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$ \_\_\_\_\_ , 56 , 487 . 93

**(10) TOTAL Monetary Expenditures To Date**  
 \$ \_\_\_\_\_ , 56 , 310 . 93

### (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 Nora H. Hall (2) I.D. Number 605

11/1/2019 through 11/30/2019

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (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 Nora H. Hall

(2) I.D. Number 605

(3) Cover Period 11/1/2019 through 11/30/2019

(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					
11/19/2019 / / 1	Andedot, Inc., 1340 Poydras Street Suite 1770 New Orleans, LA 70112	transaction fee	MO	Add	\$10.30
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