CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) David Foxman	OFFICE USE ONLY ONLINE SUBMISSION							
Name (2) Protected Address	[1205333]							
(2) Protected Address Address (number and street)	Submitted on:							
	5/2/2020 11:46:18 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 659							
(4) Check appropriate box(es):								
Candidate Office Sought: County Judge	, Group 7							
Political Committee (PC)								
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded							
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From 4 / 1 / 2020 To	0 4 / 30 / 2020 Report Type: <u>M</u> 4							
	becial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$,,,000	Expenditures \$ _ , 7 , 500 . 00							
Loans \$, <u>7</u> , <u>500</u> . <u>00</u>	Transfers to Office Account \$							
Total Monetary \$, 7,500.00	Office Account \$,,,,							
	Total Monetary \$, 7,500.00							
In-Kind \$,, 0.00								
	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>7</u> _, <u>500</u> . <u>00</u>	\$,7 , _50000							
(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)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
x	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>David Foxman</u>			(2) I.D. Number ₆₅₉						
4/1/2020			4/30/2020						
(3) Cover Per	iod / /	thro			(4) Pag	e _1	of		
(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)		
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Contributor		Contribution	In-kind	Annualanant			
Number	City, State, Zip Code Foxman, David H.	Туре	Occupation judge	Type LO	Description	Amendment	Amount \$7,500.0		
4/20/2020	Protected	5	Juuge	ЦО			\$7,500.0		
/ /	Protected, Pr Protected								
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1 1									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Davi	d Foxman		D EXPENDIT (2) I.D. Number	659	
(3) Cover Period	4/1/2020 I/through_	4/30/2020	(4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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
4/20/2020	County of Volusia, 125 W. New York Ave. DeLand, FL 32720	filing fee	MO		\$6,072.88
4/28/2020	Candidate, Protected Protected, Pr Protected	repayment of loan	MO		\$1,427.12
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES