

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Judith Craig  
 Name  
 (2) 1835 Anchor Avenue  
 Address (number and street)  
DeLand, FL 32720  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1236205]

Submitted on:  
 10/23/2020 21:43:42 (eastern)

Check here if address has changed

(3) ID Number: 672

(4) Check appropriate box(es):

- Candidate Office Sought: West Volusia Hospital Authority - Group A, Seat 3
- 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 10 / 3 / 2020 To 10 / 16 / 2020 Report Type: G5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 87 . 50

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 87 . 50

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 37 . 63

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 37 . 63

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 4 , 006 . 74

### (10) TOTAL Monetary Expenditures To Date

\$        , 3 , 002 . 34

### (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 Judith Craig (2) I.D. Number 672

10/3/2020 through 10/16/2020

(3) Cover Period    /    /    through    /    /    (4) Page 1 of 1

(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
10/13/2020 / /	USHER, ERICA 1424 HUMPHREY BLVD DELTONA, FL 32738	I	not employed	CH			\$50.00
1							
10/3/2020 / /	RAINES, SUSANNE ***Protected Voter***	I	not employed	CH			\$25.00
2							
10/3/2020 / /	MCGUINNESS, CHARLES 545 N CLARA AVE DELAND, FL 32720	I	systems analyst	CH			\$12.50
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Judith Craig

(2) I.D. Number 672

(3) Cover Period 10/3/2020 through 10/16/2020

(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) Sequence Number					
10/10/2020 //	ACT BLUE, P O BOX 44146 SOMERVILLE, MA 32144	fees	MO		\$22.33
1					
10/13/2020 //	ACT BLUE, P O BOX 441146 SOMERVILLE, MA 02144-0031	fees	MO		\$10.93
2					
10/11/2020 //	VIST A PRINT, VISTAPRINT 9260 RED ROCK ROAD RENO, NV 89508	print cards	MO		\$4.37
3					
//					
//					
//					
//					
//					
//					