CAMPAIGN TREASUR	ER'S REPORT SUMMARY
(1) Bill Partington Name (2) Protected Address Address (number and street)  City, State, Zip Code Check here if address has changed  (4) Check appropriate box(es): Candidate Office Sought: Ormond Beach Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an	OFFICE USE ONLY ONLINE SUBMISSION [1209947] Submitted on: 6/10/2020 19:13:25 (eastern)  (3) ID Number: 643
individual making electioneering communications)	•
Cover Period: From <u>5</u> / <u>1</u> / <u>2020</u> To	ort Identifiers  o 5 / 31 / 2020 Report Type: M5  pecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ , , 0 . 00	Monetary
Loans \$	Transfers to Office Account \$ , , , 0 . 00
Total Monetary \$	Total Monetary \$ , , , 0 . 00
······································	(8) Other Distributions \$ , , 000_
(9) TOTAL Monetary Contributions To Date \$,, _25000_	(10) TOTAL Monetary Expenditures To Date \$ , , 000
	ertification rson to falsify a public record (ss. 839.13, F.S.)  prrect, and complete:  (Type name)  Candidate Chairperson (only for PC and PTY)
X	x
Signature	Signature

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

(1) Name	Bill Partington	(2) I.D. Number 643							
	5/1/2020		5	/31/2020		1	1		
(3) Cover Perio	od / /	thro	ough	11_	(4) Page	<u> </u>	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence Number	Street Address & City, State, Zip Code		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
5/29/2020 / /	Partington, Bill ***Protected Voter***		attorney	LO	Description		\$250.0		
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DS-DE 13 (Rev. 11/1	3 )	SEE RE	VERSE FOR I	INSTRUCTIONS	AND CODE VALU	JES			

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

(1) Name Bill	Partingt	con	231020000000000000000000000000000000000	100 1010 May 1110 400 M	998 ME 1255MES 5	(2) I.D. Numl	oer	6	543	.pc
	5/1/20	20		5/31/2	020		-			
(3) Cover Period			through	/		_ (4) Page	1	of	0	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6)	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought if contribution to a	Expenditure		
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
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