CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Charles (Randy) Hartman	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	PO Box 1324	Submitted on:								
	Address (number and street)	7/23/2020 16:23:13 (eastern)								
	New Smyrna Beach, FL 32170									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 646								
(4)	Check appropriate box(es):									
	<ul> <li>Candidate Office Sought: New Smyrna Beach Commission Zone 4</li> <li>□ Political Committee (PC)</li> <li>□ Electioneering Communications Org. (ECO)</li> <li>□ Party Executive Committee (PTY)</li> <li>□ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>□ Check here if PTY has disbanded</li> <li>□ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 7 / 11 / 2020 To	7 / 17 / 2020 Report Type: P4								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , <u>100</u> . <u>00</u>	Monetary								
Loar	<del></del>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , <u>100</u> . <u>00</u>	Total Monetary \$ , , 381 . 23								
In-Ki	and \$,,,000	, , , , , , , , , , , , , , , , , , , ,								
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \_\  \_\  \_\  \_\  \\ \ \ \									
(T	(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    Deputy Treasurer									
X		_X								
Si	gnature	Signature								

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

(1) Name	Charles (Randy) Har	tman		(2) I.D. Number				
(3) Cover Perio	7/11/2020 od///	thro	ough	/17/2020 //_	(4) Page	1	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment		
Number 7/12/2020	City, State, Zip Code Reiker, Judy	Type I	Occupation	Type CH	Description	Amendment	Amount \$100.0	
1	464 Bouchelle Dr. Apt. 304 New Smyrna Beach, FL 32169							
1 1								
1 1								
1 1								
1 1								
1 I								
/ /		,						
1 1								
DS-DE 13 (Rev. 11/1	3 )	SEE RE	 EVERSE FOR I	NSTRUCTIONS	AND CODE VALU	JES		

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

(1) Name _	Charles	(Randy	) Hartı	man			 (2) I.D. Nun	nber	6	546	
	7	/11/202	20		7/17/20	020					
(3) Cover P	eriod	T	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/15/2020	Bank of America, P.O. Box 15284 Wilmington, DE 19850	bank service fee	МО		\$17.00
1				. 10	Ŷ.
7/15/2020	Image Today Graphics, Inc,	signs	MO		\$364.23
2	P.O. Box 386 New Smyrna Beach, FL 32170				
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NI 20					
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DS-DE 14 (Rev					