

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sherrise Boyd
 Name
 (2) 1500 Beville Road; Suite 606, Unit 376
 Address (number and street)
Daytona Beach, FL 32114
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1239340]

Submitted on:
 11/16/2020 12:42:08 (eastern)

Check here if address has changed

(3) ID Number: 647

(4) Check appropriate box(es):

- Candidate Office Sought: Daytona Beach Mayor
- 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 5 / 1 / 2020 To 5 / 31 / 2020 Report Type: M5

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 \$, , 4 . 29

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 4 . 29

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 6 , 848 . 45

(10) TOTAL Monetary Expenditures To Date

\$, 6 , 500 . 02

(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 Sherrise Boyd (2) I.D. Number 647

5/1/2020 through 5/31/2020

(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 Sherrise Boyd

(2) I.D. Number 647

(3) Cover Period 5/1/2020 through 5/31/2020

(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 | | | | | |
| 5/19/2020 // | Stripe, Stripe 510 Townsend Street, San Francisco, CA 94103-4918 | fee for vignesh's contribution | MO | Delete | \$0.08 |
| 1 | | | | | |
| 5/19/2020 // | Stripe, Stripe 510 Townsend Street, San Francisco, CA 94103-4918 | fee for vignesh's contribution | MO | Add | \$0.35 |
| 2 | | | | | |
| 5/26/2020 // | USPS, Post Office 220 N Beach Street Daytona, FL 32114 | incorrectly entered \$4.02 instead of \$4.05 | MO | Delete | \$0.03 |
| 3 | | | | | |
| 5/26/2020 // | USPS, Post Office 220 N Beach Street Daytona, FL 32114 | incorrectly entered \$4.02 instead of \$4.05 | MO | Add | \$4.05 |
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