	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Roseanna Bronhard	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION						
(2)	31 W.F. Mager\\\'s Rd							
	Address (number and street)	Submitted on: 6/5/2022 12:13:39 (eastern)						
	Crawfordville, FL 32327							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 94						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: County Judge							
	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						
		☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove		5 / 31 / 2022 Report Type: M5						
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	h & Checks \$, , 0 . <u>00</u>	Monetary						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
T.1.	0 00	Office Account \$, , , 0 . 00						
lota	Il Monetary \$, , 0 . <u>00</u>	Total Monetary \$. 100.00						
. 12:	ind \$, , 0 . 00	Total Monetary \$, , <u>100</u> . <u>00</u>						
In-Ki	ind \$,, 0 . 00							
		(8) Other Distributions \$, , 00 .						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>8</u> , <u>286</u> . <u>00</u>	\$, <u>8</u> , <u>275</u> . <u>22</u>						
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
Ιc	certify that I have examined this report and it is true, corre	• • • • • • •						
(Type name) (Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
х		X						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Roseanna Bronhard				2) I.D. Numbe	er <u>9</u>	4
	5/1/2022 od///	thro	5 ough	/31/2022 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor Occupation	(9)	(10)	(11)	(12) Amount
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Allendinent	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Roseanna	Bron	hard				 (2) I.D. Nun	nber	9)4	
	5,	1/202	22		5/31/20	022		-			
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
5/1/2022	Bronhard, Roseanna 31 WF Magers Rd Crawfordville, FL 32327	repay loan	МО		\$75.00
1					
5/30/2022	Bronhard, Roseanna 31 WF Magers Road Crawfordville, FL 32327	repay loan	МО		\$25.00
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