CAMPAIGN	I TREASURER'S	REPO	RT SUMMA	RY					
(1) Republican Party Execution Name (2)	ve Committee	OFFICE USE ONLY ONLINE SUBMISSION [1215633]							
Address (number and street)			ubmitted on: /9/2020 11:2	: 29:48 (eastern)					
City, State, Zip Code									
Check here if address has cha	anged	(3)	ID Number: _	12					
(4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 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									
	(5) Report Ide	ntifiers		PETER TELEVISION PROPERTY OF A CAMBRIDING AND THE MEAN AND A CAMBRIDATE AN					
Cover Period: From 4 / 1				Report Type: Q-2					
(6) Contributions This Report Cash & Checks \$,, Loans \$,,		netary penditures insfers to ice Accou	s \$,	, <u>125</u> . <u>00</u>					
Total Monetary \$,	Tot	al Moneta	ary \$,	, <u>125</u> . <u>00</u>					
	(8)	Othe \$	r Distributions	0 00					
(9) TOTAL Monetary Contribution: \$,81 ,104 .	1.) TOTA \$	•	xpenditures To Date ,93606_					
or electioneering comm.)	t and it is true, correct, a	falsify a	ete:	s. 839.13, F.S.) airperson (only for PC and PTY)					
X Signature		N Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Republican Party E	xecut	ive Commit	tee (2) I.D. Numbe	r1	.2
	4/1/2020		6	/30/2020		1	1
(3) Cover Perio	od//	thro	ough	11_	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
6/30/2020	Centennial Bank, 2932 Crawfordville Hwy Crawfordville, Fl 32327	В	bank	IN	<u></u>		\$6.3
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DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	S AND CODE VAL	UES	1

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Republican	Party	Executive	Committe	ee	(2) I.D. Nun	nber	1	L2	
	4/1/2	2020		6/30/20	20		~ ~	-			
(3) Cover Per	riod /	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
5/13/2020	Thomas, Ralph 637 Hunter Trace Crawfordville, Fl 32327	chamber commerce dues	RM		\$125.00
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