CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Walton United								
	ONLINE SUBMISSION [1190846]							
(2) <u>1103 Hays Street</u> Address (number and street)	Submitted on:							
Tallahassee, FL 32301	8/10/2019 16:31:23 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number:469							
(4) Check appropriate box(es):								
<ul> <li>Candidate Office Sought:</li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Check here if PC or ECO has disbanded</li> </ul>								
<ul> <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								
Cover Period: From 7 / 1 / 2019 To	7 / <u>31</u> / <u>2019</u> Report Type: <u>M7</u>							
🖾 Original 🗌 Amendment 🗌 Sp	ecial Election Report							
(6) Contributions This Report (7) Expenditures This Report								
Cash & Checks \$ , , , 000	Monetary Expenditures \$,, 98 . 50							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to           Office Account         \$							
Total Monetary       \$	Total Monetary \$ , , , 98 . 50							
	(8) Other Distributions							
	\$, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>2</u> , <u>500</u> . <u>00</u>	\$, <u>1</u> , <u>630</u> . <u>92</u>							
(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, cor	rect, and complete:							
(Type name)	(Type name)							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
x	x							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	e <u>Walton United</u> (2) I.D. Number						469
	7/1/2019		7	/31/2019		-	0
(3) Cover Perio	od / /	thro	bugh	11	(4) Page	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1	-						
1 1	-						
1 1	_						
1 1	_						
1 1	_						
/ /							
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Wa</u> l	URES				
	7/1/2019 7/3 d/ through	1/2019 / (4	4) Page <u>1</u>	of	1
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
7/26/2019	PAC Financial Management, 8489 Cabin Hill Road Tallahassee, FL 323110000	treasurer services	МО		\$98.50
_/ /					
//					
_/ /					
_/ /					
_ / _/					
_/ /					

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