	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Tammy Smith	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION						
(2)	258 Holly Point Road	Submitted on:						
	Address (number and street)	6/3/2020 13:15:10 (eastern)						
	Freeport, FL 32439  City, State, Zip Code							
		(0) ID Noveley						
	Check here if address has changed	(3) ID Number: 493						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: School Board	District 1						
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	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	er Period: From $\frac{5}{2}$ / $\frac{1}{2}$ / $\frac{2020}{20}$ To	5 / 31 / 2020 Report Type: <u>M5</u>						
X O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	n & Checks \$ , , 0 . 00	Expenditures \$ , , _23 . 83						
Loan	s \$ , ,100.00	Transfers to						
Luaii	, <u>, , , , , , , , , , , , , , , , , , </u>	Office Account \$ , , 0 . 00						
Total	Monetary \$ , , 100 . 00	,,						
Total	,, ,, ,, ,,	Total Monetary \$ , , 23 . 83						
In-Ki	nd \$ , , 0.00	, , ,						
		(8) Other Distributions						
		\$, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
(0)	\$,,	\$ , , 23 83_						
	·	, <u>23</u> : <u>03</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, correct, and complete:								
(T)	/pe name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
v		v						
X Sig	gnature	X Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Tammy Smith	(2) I.D. Number							
	5/1/2020 od///		5	/31/2020 ///	(4) Pag	je <u>1</u>	of		
(5) Date (6) Sequence Number	(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)	(12)		
5/12/2020 / /	Smith, Tammy 258 Holly Point Rd Freeport, 9 32439		retired	LO			\$100.0		
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) NameT	Tammy Smith				 (2) I.D. Num	ber	493				
		5/1/2	020		5/31/2	2020					
(3) Cover Pe	eriod	1	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
5/14/2020	PNB Community Bank, 15835 US HIGHWAY 331 S	purchase checks	MO		\$23.83
1	Freeport, FL 32439			5	
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