CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Philip Cryar Name	OFFICE USE ONLY ONLINE SUBMISSION							
(2)	1236 Co Hwy 283 N	[1208391] Submitted on:							
	Address (number and street)	6/4/2020 12:02:11 (eastern)							
-	Santa Rosa Beach, FL 32459 City, State, Zip Code								
		(2) ID Niversham							
(4)	Check here if address has changed	(3) ID Number: 500							
(4)	(4) Check appropriate box(es): X Candidate Office Sought: County Commissioner, District 1 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)								
	(5) Report	Identifiers							
Cove	er Period: From 5 / 1 / 2020 To	5 / 31 / 2020 Report Type: M5							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	n & Checks \$, , 0 . <u>00</u>	Monetary							
Loan		Transfers to Office Account \$, , , 0 . 00							
	Monetary \$,, _0 . 00	Total Monetary \$, , 0 . 00							
In-Kir	nd Ψ,, <u>200</u> . <u>00</u>	(8) Other Distributions \$, , 000							
(9)	(9) TOTAL Monetary Contributions To Date \$,, 5000								
	(11) Cert It is a first degree misdemeanor for any person ertify that I have examined this report and it is true, corre (pe name) Individual (only for IE	on to falsify a public record (ss. 839.13, F.S.)							
X	onature	X Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Philip Cryar (2) I.D. Number 500							
	5/1/2020		5/31/2020		· 1	- 1	
(3) Cover Perio	od//	_ through		(4) Pag	je <u> </u>	of <u>-</u>	
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor	Contribution ion Type	In-kind Description	Amendment	Amount	
5/26/2020	Christopher, Matthew 45 Massett Bayou Court	I busines		campaign photo-sess	Add	\$200.0	
1	Santa Rosa Beach, FL 32459			ion, paid as in-kind contributi on.			
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1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Phili	p Cryar	NA DESCRIPTION OF THE PERSONS	A STATE OF THE STA	4400	99 Ja 10 10 10 10 10 10 10 10 10 10 10 10 10	(2) I.D. Nun	nber	Į	500	an an
(3) Cover Period	5/1/20 /)20 /	through_	5/31/2 /	020 _/	(4) Page	1	of	0	

(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
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DS-DE 14 (Rev.					