

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael T. Norris  
 Name

(2) 206 Crescent Road  
 Address (number and street)

Santa Rosa Beach, FL 32459  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1241074]

Submitted on:  
 1/4/2021 15:47:15 (eastern)

Check here if address has changed (3) ID Number: 505

(4) Check appropriate box(es):

Candidate Office Sought: South Walton Mosquito Seat #2

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 10 / 30 / 2020 To 1 / 31 / 2021 Report Type: TR-G

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 130 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 130 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 5 , 250 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 5 , 662 . 89

### (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:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael T. Norris (2) I.D. Number 505

10/30/2020 through 1/31/2021

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(5) Date	(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) Amendment	(12) Amount
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Michael T. Norris

(2) I.D. Number 505

(3) Cover Period 10/30/2020 through 1/31/2021

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/12/2020 // 1	Supervisor of Elections, Walton County 571 US Hwy 90 East Defuniak Springs, FL 32433	labels	MO		\$130.00
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