CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Citizens for Managed Growth	OFFICE USE ONLY						
	Name	Recid						
(2)	2348 Summerfield Road  Address (number and street)							
	Winter Park, FL 32792							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
	<ul> <li>□ Candidate Office Sought:</li> <li>□ Political Committee (PC)</li> <li>□ Electioneering Communications Org. (ECO)</li> <li>□ Party Executive Committee (PTY)</li> <li>□ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>□ Check here if PC or ECO has disbanded</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						
Cov	er Period: From 04 / 11 /2020 To	05 / 10 /2020 Report Type: PC						
V	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cas	h & Checks \$ , , , _0 . 00	Monetary						
Loa	s , , <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00						
Total Monetary \$ , , _0 . 00		Total Monetary \$ , 10 . 00						
In-K	ind \$ , , _0 . 00							
		(8) Other Distributions \$ , 000						
(9)	<b>TOTAL Monetary Contributions To Date</b>	(10) TOTAL Monetary Expenditures To Date						
	\$, _5, 301 00	\$ , <u>4</u> , <u>297</u> . <u>41</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	Patricia McDonald	(Type name) Barry E. Greenstein						
	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate						
X	Fatricia Mc Donald	X Jarry Hot Resultan						
S	ignature	Signature						

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

(1) Name				(2) I.D. Number			
(3) Cover Period	O4 / 11 / 2020	throu	gh /	10 / 2020	_ (4) Page		of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1							
AMO AL S							
1 1							
1 1							
1 1							
1 1		*					
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Citizens for Managed Growthh (2) I.D. Number										
(3) Cover Period										
(5) Date (6) Sequence Number	(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)	(11)					
04 / 30 / 2020	TD Bank 1560 N. Orange Avenue Winter Park, FL 32789	Maintenance Fee for Checking Account	Mon		\$10.00					
/ /										
/ /				,						
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/ /										
/ /										
/ /										
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