

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Cashier for Access & Representation
Name

(2) _____
Address (number and street)

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☐ Candidate Office Sought: _____

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ 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

OFFICE USE ONLY

01-24-25A 03:48

(5) Report Identifiers

Cover Period: From 10 / 1 / 20 To 10 / 31 / 20 Report Type: MID

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 402.88

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 081.97

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 762.45

(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) Barbara Chaffin

☐ Individual (only for IE or electioneering comm.)

☐ Treasurer

☒ Deputy Treasurer

X

Signature

(Type name) Barbara Chaffin

☐ Candidate

☒ Chairperson (only for PC and PTY)

X

Signature