

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) \_\_\_\_\_  
Name

(2) \_\_\_\_\_  
Address (number and street)

\_\_\_\_\_  
City, State, Zip Code

Check here if address has changed

(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

(3) ID Number: \_\_\_\_\_

**OFFICE USE ONLY**

Received on 8/19/22 - 4:04 pm

### (5) Report Identifiers

Cover Period: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Report Type: \_\_\_\_\_

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (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** L. Zepf

Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

**X** Marta Ann

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
/ /			Homeland Security Agent				
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name \_\_\_\_\_

(2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(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
/ /					
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