# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CONNIE BENNETT-MARTIN (2) I.D. Number _____

(3) Cover Period 08 / 14 / 2020 through 08 / 28 / 2020 (4) Page 1 of 1

| (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) Amendment | (11) Amount |
|---|---|---|---|---|---|
| 08 / 28 / 20<br>01 | PAYPAL<br>PO BOX 105658<br>Atlanta, GA, 30348 | Credit Card Processing Fees | CAN | | 3.05 |
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES