CAMPAIGN TREASURER'S REPORT SUMMARY							
Address (number and street) 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)	(3) ID Number: 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						
(5) Report Identifiers							
Cover Period: From 6 / 1 /2022 To	6 / 17 / 20 Z 2 Report Type:						
☐ Original ☐ Amendment ☐ Spe	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,,550, 550	Monetary Expenditures \$, , 524.19						
Loans \$,	Transfers to Office Account \$,, _0						
Total Monetary \$, , _ 550 00	Total Monetary \$, ,						
In-Kind \$, ,							
	(8) Other Distributions \$, ,						
(9) TOTAL Monetary Contributions To Date \$,,,550.00	(10) TOTAL Monetary Expenditures To Date \$,,, 5ですい						
(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							
X Signature Chris	X Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DOWN Clave				(2) I.D. Number					
(3) Cover Period 6 / 1 / 1202 Arrough 6 / 17 / 2022 (4) Page of									
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
6, 1200	2 David Ruffun 4049 Bells			1			550,		
1 1	4								
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 CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (2) I.D. Number									
(3) Cover Perio	d 6 /) / 2022 through 6	17/2022 1	4) Page	of _					
(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)				
6/14/202	2 City of 7th Meyers 2t Myers, 7L	nee			500				
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