CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	SHAUNE GOFF FREELAND	OFFICE USE ONLY						
	Name	City of Fund Golda						
(2)	1950 JAMAICA WAY Address (number and street)							
	PUNTA GORDA, FL 33960	11-11-19 РТЗ:46 ра						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: N/A						
(4)	Check appropriate box(es):							
	E dandado dino coagni.	CIL DISTRICT #3						
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	Check here if PC or ECO has disbanded						
	Party Executive Committee (PTY)	Check here if PTY has disbanded						
	Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed						
Cove		Identifiers  10 / 04 / 19 Report Type: G4						
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cas	h & Checks \$ , _1 ,550 .00	Monetary Expenditures \$ , 3 , 324 . 00						
Loar	s \$,,	Transfers to Office Account \$ , , .						
Tota	Il Monetary \$ , ,	Total Monetary \$ , ,						
In-K	ind \$ , ,							
		(8) Other Distributions						
		\$ , , ,						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>38</u> , <u>106</u> <u>39</u>	\$ , <u>14</u> , <u>313</u> . <u>88</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:								
Τ)	Type name) REXFORD R. KOCH, CPA	(Type name) SHAUNE GOFF FREELAND						
	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	✓ Candidate						
5.		2. 1. 1. (1)						
X	A so	* faire freeland						
Signature								

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

(1) Name SHAUNE	GOFF	FREELAND						-	(2) I.D. Number_	N/A	
(3) Cover Period	09	/ <sup>28</sup> /	19	_through _	10	_/_	04 /	19	(4) Page 01	of <sup>01</sup>	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	
09 / 30 / 19	STRATEGIC MANAGEMENT	PRINTING	CAN		\$3200.00
02	MOJO DIALER	LEADS	CAN		\$124.00
/ /					
/ /					
/ /					
/ /			91		
/ /					
/ /					

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

(1)	Name SHAU	NE GOFF FREELAND	(2)	(2) I.D. Number		N/A		
(3)	Cover Period	d / / 19	throu	igh /	04 / 19	_ (4) Page	of	
	(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) (12)  Amendment Amount	
09	30 19	BERNIE DEPAUL 633 W. RETTA ESPLANADE PUNTA GORDA, FL 33950	I	RETIRED	RCT	Description		\$1000.00
10	/ 01 / 19	WANDA WANNALL 4225 ALMAR DRIVE PUNTA GORDA, FL 33950	I	RETIRED	RCT			\$50,00
03	/ 03 / 19	LOCAL HOME BUILDERS PAC 2600 CENTENNIAL PLACE TALLAHASSEE, FL 32308	В	CONSTRUCTION	CHE			\$500.00
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	1 1							
	1 1							
	1 /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES