

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tammy Harris  
Name

(2) 418 NW Jefferson St.  
Address (number and street)

Lake City FL.  
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

JUL 19 2011 11:27AM  
*AS*

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

(4) Check appropriate box(es):

Candidate Office Sought: District 12 City Council

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

### (5) Report Identifiers

Cover Period: From 6 / 29 / 24 To 7 / 12 / 24 Report Type: 2024 P3

Original

Amendment

Special Election Report

### (6) Contributions This Report

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

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 350.00

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 3850.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 3767.44

### (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) Tammy Harris

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X** Tammy Harris  
Signature

(Type name) Tammy Harris

Candidate  Chairperson (only for PC and PTY)

**X** Tammy Harris  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JUL 19 24 11:27AM

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

(3) Cover Period 6 / 29 / 24 through 7 / 12 / 24 (4) Page \_\_\_\_\_ of \_\_\_\_\_ *als*

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
07, 03, 24	Tammy Harris 418 NW Jefferson St Lake City, FL 32055	S	MHT	LOA			\$350.00
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