FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Chadwick Hardee
**Name**

(2) PO Box 770457
**Address (number and street)**

Orlando, FL 32877
**City, State, Zip Code**

☐ **CHECK IF ADDRESS HAS CHANGED**

**OFFICE USE ONLY**
BILL COWLES
SUPERVISOR OF ELECTIONS
ORANGE COUNTY, FL
2014 JUN 27 P 12:06

(3) **ID Number:** 00000

(4) **Check appropriate box(es):**

☑ Candidate (office sought): Orange County School Board - District 3
☐ Political Committee ☐ **CHECK IF PC HAS DISBANDED**
☐ Committee of Continuous Existence ☐ **CHECK IF CCE HAS DISBANDED**
☐ Party Executive Committee
☐ Electioneering Communication ☐ **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

## (5) REPORT IDENTIFIERS

Cover Period: From 06 / 01 / 2014 To 06 / 20 / 2014 Report Type P1

☑ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

## (6) CONTRIBUTIONS THIS REPORT

| | |
|---|---|
| Cash & Checks | $ 25.00 |
| Loans | $ |
| Total Monetary | $ 0.00 |
| In-Kind | $ 0.00 |

## (7) EXPENDITURES THIS REPORT

| | |
|---|---|
| Monetary Expenditures | $ 1,764.45 |
| Transfers to Office Account | $ 0.00 |
| Total Monetary | $ |

## (8) Other Distributions

$

## (9) TOTAL Monetary Contributions To Date

$ 5,980.00

## (10) TOTAL Monetary Expenditures To Date

$ 5,651.52

## (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) Chadwick Hardee

☐ Individual (only for electioneering commun.) ☑ Treasurer ☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Chadwick Hardee

☑ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X

Signature

DS-DE 12 (Rev. 08/04)