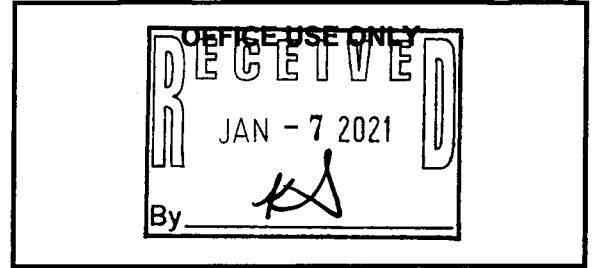


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nancy J. Besore
 Name
 (2) 100 13th Ave., S.
 Address (number and street)
Safety Harbor, FL 34695
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Safety Harbor City Commission Seat #1
 Political Committee (PC)
 Electioneering Communications Org. (ECO) 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

(5) Report Identifiers

Cover Period: From 12 / 01 / 20 To 12 / 31 / 20 Report Type: M-12

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ _____ , _____ , 200 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 200 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) **Expenditures This Report**

Monetary Expenditures \$ _____ , _____ , 123 . 87

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 123 . 87

(8) **Other Distributions**
 \$ _____ , _____ , _____ . _____

(9) **TOTAL Monetary Contributions To Date**
 \$ _____ , _____ , 200 . 00

(10) **TOTAL Monetary Expenditures To Date**
 \$ _____ , _____ , 123 . 87

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

(Type name) Nancy J. Besore
 Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nancy J. Besore (2) I.D. Number _____

(3) Cover Period 12 / 01 / 20 through 12 / 31 / 20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
12 04 20 / / 001	Besore, Nancy J. 100 13th Ave., S. Safety Harbor, FL 34695	S	City of Safe	CAS			\$200.00
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nancy J. Besore

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 20 through 12 / 31 / 20

(4) Page 1 of 1

(5) Date	(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
(6) Sequence Number					
12 / 07 / 20	City of Safety Harbor Florida 750 Main Street Safety Harbor, FL 34695	Fees			
001					
/ /					
/ /					
/ /					
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/ /					
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