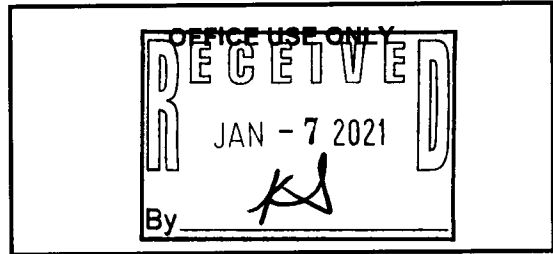


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Heather Norton
 Name
 (2) 2105 Bow Lane
 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 Commissioner, Seat 1
- 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 12 / 01 / 20 To 12 / 31 / 20 Report Type: M-12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 150.00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

In-Kind \$ _____ , _____ , _____

personal contribution to open account

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 123.87

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 150.00

(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) HEATHER NORTON

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

X [Signature]
 Signature

(Type name) HEATHER NORTON

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Heather Norton (2) I.D. Number _____

(3) Cover Period 12 / 09 / 20 through 1 / 10 / 21 (4) Page 1 of 1

(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
12 / 09 / 20	Norton, Heather 2105 Row Lane Safety Harbor FL 34695	S		CAS			\$150.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Heather Norton

(2) I.D. Number _____

(3) Cover Period 12 / 09 / 20 through 1 / 10 / 21

(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 / 14 / 20	City of Safety Harbor	Commissioner Seat 1 Qualifying Fee	CAN		\$123.87
1					
/ /					
/ /					
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/ /					
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