

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tommy Ford  
 Name  
 (2) Protected  
 Address (number and street)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1201941]  
 Submitted on:  
 3/10/2020 14:04:51 (eastern)

Check here if address has changed

(3) ID Number: 497

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

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 2 / 1 / 2020 To 2 / 29 / 2020 Report Type: M2

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,   2   , 000 . 00

Loans \$        ,   1   , 100 . 00

Total Monetary \$        ,   3   , 100 . 00

In-Kind \$        ,        ,   0   . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        ,   0   . 00

Transfers to Office Account \$        ,        ,   0   . 00

Total Monetary \$        ,        ,   0   . 00

### (8) Other Distributions

\$        ,        ,   0   . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,   3   , 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        ,   0   . 00

### (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)

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

X

Signature

(Type name)

Candidate  Chairperson (only for PC and PTY)

X

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tommy Ford (2) I.D. Number 497  
 (3) Cover Period 2/1/2020 through 2/29/2020 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
2/7/2020 / /	Ford, Tommy Protected LE Lynn Haven, FL 32444	S	sheriff	LO			\$100.00
1							
2/25/2020 / /	Charlie Coram's Place, Inc, 2729 West 23rd St. Panama City, FL 32405	B	restaurant	CH			\$1,000.00
2							
2/25/2020 / /	Charlie Coram's of Bayou Georg, 6204 Highway 2301 Panama City, FL 32404	B	restaurant	CH			\$1,000.00
3							
2/27/2020 / /	Ford, Tommy Protected LE Lynn Haven, FL 32444	S	sheriff	LO			\$1,000.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Tommy Ford

(2) I.D. Number 497

(3) Cover Period 2/1/2020 through 2/29/2020

(4) Page 1 of 0

(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					
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