	CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Sim Oliver Crum	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	1701 Crum St.	Submitted on:					
	Address (number and street)	4/4/2020 21:25:09 (eastern)					
	Starke, Fl 32091 City, State, Zip Code						
	☐ Check here if address has changed (3) ID Number:						
(4)		(3) ID Number:248					
(4) Check appropriate box(es): X Candidate Office Sought: County Commissioner District 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					
Cov	rer Period: From 3 / 1 / 2020 To						
X O	Driginal ☐ Amendment ☐ Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	h & Checks \$, , <u>100</u> . <u>00</u>	Monetary					
Loar		Transfers to Office Account \$, , , 0 . 00					
	al Monetary \$,, 100 . 00	Total Monetary \$, , 3 . 80					
In-Ki	(ind \$,,,						
		(8) Other Distributions \$, , 000					
(9)	(9) TOTAL Monetary Contributions To Date \$,, _10000						
(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							
<u>X</u>		X					
Si	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number						
	3/1/2020 od///		3/31/2020	(4) Pag	ge <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupa	20 OC 80 CONTROL OF THE PARTY O	(10) In-kind Description	(11)	(12)
3/10/2020	crum, sim oliver 1701 Crum st starke, fl 32091	S	CA			\$100.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _S:	im Oliver Crum	-	(2) I.D. Number	248	
	3/1/2020	3/31/2020			
(3) Cover Pe	riod / /	through / /	(4) Page 1	of 1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/18/2020	supervison of election, 945 north temple ave starek, fl 32091	petitions verification fee	MO		\$3.80
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